# Clinical Lectures

ON SOME

# DISEASES OF WOMEN REMEDIABLE BY OPERATION.

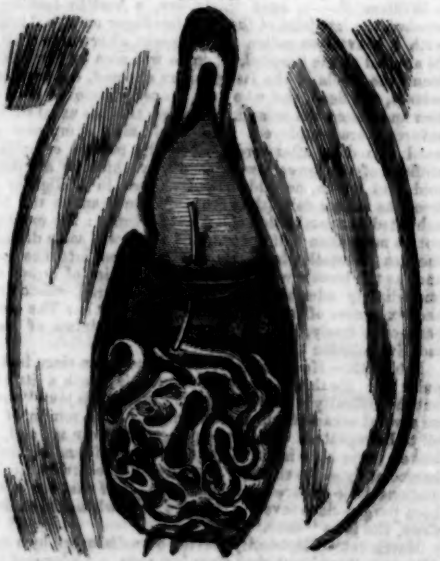
BY I. BAKER BROWN, ESQ., F.R.C.S.

## RECTO-VAGINAL FISTULA.

THE subject of to-day's lecture, gentlemen, is recto-vaginal fistula, by which term is designated a breach, in whatever manner produced, between the rectum and the vagina, and communication of the two passages. This lesion may arise from different causes. It may result from a simple abscess in the anterior wall of the rectum bursting into the vagina. This is not a common cause. Again, it is produced not unfrequently by stricture of the rectum. The stricture gives rise to inflammatory action of the gut; an abscess forms behind the stricture, points into the vagina, and perforates the septum. Most commonly the lesion ensues from sloughing of the soft parts after protracted labour, the head having been long impacted. The rectum, however, is less liable to suffer from this cause than the bladder, as the latter is exposed to severer pressure against the pubes than the former in the hollow of the sacrum. The fistula also may arise from the use of pessaries. A large boxwood pessary left long in the vagina has given rise to sloughing of the recto-vaginal septum. Sometimes a corroding ulcer leads to this form of fistula; and the evil may remain after an imperfect operation for ruptured perineum, when the deep-seated portions of the laceration have not been brought together, and consequently have not united.

Recto-vaginal fistula may be situated in any part of the posterior wall of the vagina, or it may extend from the anus upwards. The lesion may be a simple opening, or

FIG. 10.



the entire recto-vaginal septum may be destroyed, from the anus to the os uteri (Fig. 10). The fistula may be round, oblong, or irregular in form, longitudinal or transverse. When the fistula is formed by the entire destruction of the recto-vaginal septum from the anus to the os uteri I term it complete; when it is formed by an opening through the septum, only partially destroying the latter, and not extending to the anus, I term it incomplete. The different forms of the lesion can only be dealt with satisfactorily by different modes of treatment.

Before pointing out these modes, I must mention an additional but very rare cause of recto vaginal fistula. Quite recently a case of intra- and extra-uterine pregnancy, which had been under the care of Dr. Pennefather of Tottenham, and which subsequently came under my observation, was described in THE LANCET. In this case intra-uterine pregnancy went on to the full period, and the woman was safely delivered. The extra-uterine fœtus continued in the cavity of the peritoneum, and in the end descended into the pouch between the uterus and the rectum. The recto-vaginal septum sloughed, and through the aperture thus formed, and by way of the vagina, Mr. Pennefather took away the fœtus (which had long been dead) piecemeal. After the removal of the fœtus the abnormal passage closed, but subsequently the cicatrix gave way, and the patient is now under my care. Of all the cases which I have had to treat, this has been the most troublesome. The fistula does not lie parallel with, but considerably above, the os uteri. The cul-de-sac of the vagina is pushed up on that side much higher than on the other. When I first took charge of the case the fistula was shut off by a strong band of cicatrization, so that I had to dissect down to it in the way I explained in my late lecture on Vesico-vaginal Fistula. Whenever cicatrices exist in the vagina from sloughing, they must be sliced freely in the manner I showed, and then dilated with sponge tents, such as I have also described previously. It is never wise to meddle with a case until these obstructions have been entirely removed. In the case under consideration the opening must originally have been large, and hitherto the closure of the aperture (from the measures adopted to obtain union of the parts) has been too slight to resist long together the passage of motions along the straight gut. I shall attempt to procure a firmer union by healing the parts over a rectum bougie.

My further observations will be based entirely upon cases which have been treated in the London Surgical Home, and which illustrate the chief points to be considered in dealing with recto-vaginal fistula, as well as the complication of the lesion (by no means an unfrequent occurrence) with vesico-vaginal fistula.

There is a case in the Home at the present moment which is known to you, and which is a remarkable example of the complication mentioned. The patient nine years ago was delivered of a child after seven days' labour. The whole of the perineum sloughed away, as well as the recto-vaginal septum from the anus to the os uteri—nay, the whole of the vagina apparently, the base and neck of the bladder, and about three-fourths of the urethra. The vesico-vaginal fistula was cured by the first operation. On this day week I purpose to begin to close the recto-vaginal fistula. Whether I shall eventually go on to the operation for ruptured perineum, I cannot tell.

There is another case in the Home of great interest. The patient is thirty-four years of age. She had been married ten years, and had six miscarriages, but no children until Christmas last, when she was brought to bed of a full-grown child after a labour of five days' duration. The child was very large, but no instruments were used. Immediately after the labour her urine came away involuntarily per vaginam, and when the bowels were opened the fæces also came through the vagina. She was received into the Home on the 6th of April, 1863. On examining her, a transverse vesico-vaginal fistula was found, about an inch and a half in length, just behind the urethra. The whole of the perineum and three inches of the recto-vaginal septum were also wanting, having sloughed away. The patient was wretchedly weak from the miserable condition she was in. She had been unable to leave her bed since her confinement. On the 16th of April I closed the vesico-vaginal fistula with nine silver sutures. The magnitude of the fistula may be estimated from this fact. The sutures were removed on the 28th, and the fistula was found completely healed.

The whole vagina in this case had puckered and become so contracted, and the recto-vaginal fistula gaped so widely, that there was no hope whatever of getting the edges of the opening together if an operation were attempted. There was neither sufficient tissue nor sufficient elasticity for the edges to be approximated. I therefore made two deep incisions, about half an inch from the edges and parallel with the fistulous opening, right down to the anus. I then suffered the parts to heal up over the tents which I described in my last lecture; and now this case, at first perhaps the most unpromising which I had

ever known, became one of the most promising. The edges of the fistula were brought close together, and when I had pared them, performing the operation step by step at different times, I secured the union of the raw surfaces, and closure of the fistula even to the anus. The new anus was small and tight, and the patient could retain her motions with ease, consequently it was unnecessary to make a perineum. Since the completion of the operation, the patient has been quite well, and she now retains her urine and fæces with facility. You will see this case at the close of the lecture.

I need scarcely caution you, gentlemen, that before these operations are performed great care should be taken to place the patient in a fitting state. The same precautions should be taken as I mentioned in my lecture "On Ovarian Dropsy." The skin and all the organs should be attended to before you subject the patient to the knife. The chief fear in all these cases is pyæmia; and I believe that the danger of pyæmia supervening is augmented by an unhealthy condition of the skin, and certainly by an overloaded state of the liver and bowels.

Another case to which I would direct attention is this:—In January, 1861, Mrs. M——, aged sixty, married, was admitted into the Home. She had been delivered of her first child thirty-five years previously. Instruments were then used after she had been in labour twenty-four hours, but their first employment proved ineffectual. Twelve hours afterwards instruments were again used, and with a better result. The child was dead. Two days after delivery she found that all her motions came through the vagina, and through this passage the fæces ever afterwards continued to be ejected until she was operated upon by me in the Home. Six years after her first child, she was delivered of a second. In this instance also instruments were used after she had been in labour twenty-four hours. Mark, gentlemen, this was a case of recto-vaginal fistula of thirty-five years' duration. The patient holds the position of a bathing-woman in one of our watering places on the south eastern coast, but is a person of better education and better birth than her position would indicate. She kept herself singularly clean, although for thirty-five years all her motions had escaped per vaginam. The fistula was situated right in the centre of the vagina. Fortunately, there was no puckering of the passage; and the bladder and perineum had suffered no injury. The operation consisted in paring freely the edges of the opening as in vesico-vaginal fistula, then introducing needles, with the wire ready prepared, in the way I described in my last lecture. The whole of the opening was closed by several sutures. On the tenth day the sutures were removed, the pared edges had firmly united, and the motions were passing properly through the anus. In the short space of ten days, then, this poor creature was quite cured.

A question has been raised, which deserves a passing notice, respecting the comparative difficulty of the operations for recto-vaginal and vesico vaginal fistula. Now, the operation for recto-vaginal fistula is, comparatively speaking, simple and straightforward, and it is not complicated, as in the case of vesico-vaginal fistula, with after difficulties. There is no urine trickling through the fistula; and by keeping the bowels confined with opium (which is always done as part of the after-treatment) no fear need be entertained of the fæces passing through. The consequence is that the united edges are really passive all the time of healing. Then, again, recto-vaginal fistula does not need, as does vesico-vaginal fistula, the constant adaptation of an instrument during the reparative process. The latter lesion can only be dealt with after operation by keeping a catheter constantly in the bladder. It is important, however, always to draw the patient's urine frequently after operating for recto-vaginal fistula. I always insist upon the use of the catheter every six hours. The object of this interference is to prevent the patient moving and disturbing parts recently united. From these observations it will be seen that the operation for recto-vaginal fistula is much simpler than that for vesico-vaginal fistula.

A case lately came under my notice which was much worse than any of the cases I have hitherto described. The patient had a very large recto-vaginal fistula, and likewise an extensive vesico-vaginal fistula. The whole of the urethra and all the neck of the bladder had sloughed away. The opening into the rectum was completely across the vagina, and even up the sides of the rami of the ischium. The vagina was so puckered that the finger could not be introduced. There were three apparent cul-de-sacs when I first saw the case, each admitting the tip of the finger. I sliced the parts freely, and dilated them. Subsequently I closed the recto-vaginal and vesico-vaginal openings, and made the patient a perfectly new urethra. After three months' treatment the patient was completely cured.

The after-treatment of recto-vaginal fistula differs in some respects from that required in vesico-vaginal fistula. Opium must be given night and morning, and a liberal allowance of wine is needed. In vesico-vaginal fistula it is best not to give wine, unless there is some special necessity for its use. In recto-vaginal fistula, also, a generous diet is required *ab initio*, so as to maintain the vital power of the patient, and thereby ensure a quicker firm union.

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PARTICULARS OF THE TREATMENT OF A CASE OF

## TETANUS IN WHICH THE CALABAR BEAN WAS FREELY ADMINISTERED.

BY HOLMES COOTE, F.R.C.S.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

I TAKE no credit whatever to myself for the treatment of the following case. The patient was seen shortly after the manifestation of the first indications of trismus; the symptoms did not advance rapidly; the man was always hopeful, and endued with great moral courage; he received during his stay in the hospital the greatest possible attention. But I publish the case that it may serve to illustrate the action of certain medicines in the treatment of this unmanageable affection—viz., croton oil, calomel, the Calabar bean; morphine by hypodermic injection, and quinine; and these, too, in no small doses, but fully administered and in quick succession, as is necessary in the treatment of a disease in which the symptoms of every hour possess an untold value for good or for evil.

It may not be out of place to remark that a previous case of tetanus under my care likewise recovered. He was a lad, also with a crushed finger. In this case I amputated the member; administered croton oil; and produced rapid salivation. The after-treatment consisted in the exhibition of sulphate of quinine.

For the particulars of the following case I am indebted to Mr. Nash, my house-surgeon:—

William P——, aged thirty-five, a healthy-looking man, crushed the last joint of the right forefinger on Feb. 11th, 1864, with a heavy iron roller. A fortnight afterwards (Feb. 25th) he applied at the hospital, when he was seen by Mr. Nash, who found the whole of the last phalanx exposed, denuded of periosteum, and dead, and who very properly removed it by operation and closed the wound. In doing this the usual silver-wire sutures were employed. No unpleasant symptoms ensued until two days afterwards, when the patient complained of stiffness of the lower jaw, a condition which he attributed to cold, and which, he added, had existed in a slighter degree from the former date (the 25th). When seen on the 28th he exhibited unmistakable evidences of trismus: the mouth could not be more than half opened, and there was some difficulty in the act of swallowing. He was admitted into the hospital, and, as the bowels were confined, one minim of croton oil was immediately administered. He was ordered essence of beef and six ounces of port wine daily.—Seven P.M.: The croton oil has acted freely. To take twenty-five minims of Battley's sedative solution at night.

Feb. 29th.—He slept well; bowels not open since last night; pulse 85. He thinks that he can open his mouth a little better, but the difficulty in swallowing is the same. His jaws "snapped" on several occasions during the night. One minim of croton oil to be repeated. I saw the patient at two P.M., and, as the bowels were still inactive, ordered two minims of croton oil immediately.—Seven P.M.: The bowels acted twice freely; the motions dark-coloured and offensive.—Half past ten P.M.: Has been purged since seven. He says that whenever he drops to sleep, the jaws "snap."

March 1st.—Slept badly, having been disturbed by a delirious patient. Bowels not open since last note. Abdominal muscles tense.—Two P.M.: I ordered two grains of calomel and a third of a grain of opium every three hours until salivation was produced.—Seven P.M.: The bowels have acted twice. He says that he should be quite comfortable except for the difficulty in swallowing.

2nd.—Slept well; pulse 88; bowels open; abdominal muscles

less rigid; the jaws open more freely; the gums touched by the mercury.

3rd.—The "snapping" of the jaws disturbed his rest; abdominal muscles less rigid; pulse 88.—Seven P.M.: Altogether not so well; the tongue is very sore; wound in the finger healthy and suppurating; pulse 96.

4th.—He was ordered one minim of the extract of the Calabar bean (Messrs. Bell and Co.) in glycerine (equal to four grains of the powdered bean), every hour or every two hours, according to the effect.

5th.—Jaw tightly closed; pulse 104; abdominal muscles tense. Owing to some mistake of orders, he discontinued the use of the Calabar bean after the third dose.—Noon: He was directed to resume the employment of the Calabar bean, one grain of the extract in glycerine every hour. He took one dose every hour till eight P.M.—equal to *thirty-two grains* of the powder. No perceptible effect, but he dropped off to sleep.—Twenty minutes past ten P.M.: He awoke and took another minim.

6th.—One A.M.: Awoke again, and says he feels easier. Ordered two drops of the extract of Calabar bean, equal to eight grains of the powder.—Half-past eight A.M.: Spasms of the limbs; pain in the pit of the stomach; pulse 104.—Ten A.M.: Has taken since noon of March 5th fourteen minims of the extract of Calabar bean, equal to fifty six grains of the powder. (One bean weighs about a drachm.) No marked improvement.—Eleven A.M.: Ordered to discontinue the use of the Calabar bean. To produce continued sleep, half a grain of the acetate of morphia was injected beneath the skin; also the same quantity at one P.M. and four P.M. respectively. At one P.M. an enema of beef tea and brandy was administered.—Eight P.M.: In a deep sleep.—Ten P.M.: Pupils much contracted; still asleep.—Forty minutes past ten: He awoke, and drank twelve ounces of strong beef-tea and two ounces of brandy. He says he feels better. Pulse 136. Injection of half a grain of acetate of morphia.

7th.—He awoke and took some beef-tea and brandy. At ten minutes past two A.M., and again at half past eight and eleven, one grain of the morphia was injected hypodermically.—Forty-five minutes past five P.M.: Has slept continuously. Motions passed of a light colour; has taken nourishment.—Twenty minutes past seven P.M.: Feels more comfortable. The morphia injection (half a grain) was repeated.

8th.—Ten A.M.: Injection of a grain of acetate of morphia; pulse 128.—Five minutes past two P.M.: The spasms are much diminished; he lies in a comfortable sleep; pulse 120, and feeble. Ordered five grains of disulphate of quinine to be administered three times a day at proper intervals.—Quarter past eleven P.M.: Injection of half a grain of the morphia.

9th.—One grain of the acetate of morphia injected. The "snapping" of the jaws diminished, and he moves his arms and speaks with ease.—Five P.M.: One grain and a half of the acetate injected.—Eight P.M.: One grain of the morphia injected.

10th.—Passed a good night. At fifty minutes past two, one grain, and at a quarter past eight two grains, of the acetate were injected.

11th.—He seems quite comfortable.—Quarter past eleven: Injection (two grains) repeated.

12th.—Convalescent.

22nd.—The medicines have been gradually discontinued.

Queen Anne-street, March, 1864.

## ON A CASE OF SPURIOUS ENCEPHALITIS.

### WITH REMARKS.

BY J. MOORHEAD, M.A., M.D., Weymouth.

Of all the diseases in the wide domain of pathology there are none more interesting or important than those of the nervous system. But though they have been made the subject of clinical research and experimental investigation, it will be admitted that as regards their intrinsic nature they are still involved in much obscurity. The treatment of these affections, it will also be conceded, is often empirical and unsatisfactory. I am, therefore, induced to submit to the notice of the profession the following case, which, by its favourable termination, shows the importance of correct diagnosis in all cerebral affections attended with delirium and coma, while it also exhibits in a striking light the great value of the stimulating plan of treatment.

On the 26th of June, 1863, at half-past seven A.M., I was requested to see Mr. S——, a gentleman sixty-two years old, who, it was stated, had suddenly manifested symptoms of mental derangement, and required immediate attention. On my arrival I found him in bed, in a state of delirium, talking incoherently in a confused jargon of Latin, French, and English, the meaning of which was quite unintelligible. He had a wild, excited expression of countenance, with frequent knitting of the brow, and when interrogated, replied sharply that he did not understand the question. There was much confusion of thought, and he often applied the hand to his forehead and complained of an uneasy feeling in that region.

With regard to the history of the case, I may state that the patient, who holds an appointment in the Civil Service, and is of strictly temperate habits, always enjoyed good health until about two months previously, when he consulted me for an attack of bilious dyspepsia, which, however, soon yielded to treatment. In the course of a few weeks he again saw me, when he complained of difficulty of breathing, which came on in paroxysms, but without cough. He also said his spirits were depressed; that he took little interest in passing events, and that his memory began to fail him. He looked anæmic, and appeared to have lost flesh. His conjunctivæ, which during the previous illness were of a yellowish tinge, had again acquired their natural hue. The urine, on analysis, was found healthy: its specific gravity was 1023. Having carefully examined the chest and abdomen without discovering any traces of organic lesion, I regarded the case as one of anæmia, and, accordingly, while I advised cessation from duty for a short time, prescribed iron and quinine. Leave of absence was shortly obtained, but I subsequently learned that so devoted was my patient to his duties that he did not allow the time allotted to him to expire before he returned to his office, in which he was engaged many hours daily, while he also omitted taking regularly the medicine prescribed. Though the paroxysms of dyspnœa became more frequent, and the languor increased, he still continued in the pursuit of his daily avocation till the 25th of June, on the night of which he retired to rest with his mental faculties sound, though obtuse.

When he awoke on the 26th, at six A.M., it was stated that he complained of pain in the head and limbs, and exclaimed that he was "going out of his mind." He soon jumped out of bed, and walked wildly about the room for some minutes, until he was prevailed upon by his wife to return to bed, where he remained until I saw him. When the agitation consequent on my entering the room had subsided, I noted, in addition to the delirium, the following particulars:—Pulse 92, small and compressible; tongue clean and moist; breath foul; bowels confined; no nausea or vomiting; skin cool; pupils *somewhat dilated*, but contractile; hearing *considerably impaired*; carotids visibly pulsating; sighing respiration about every five minutes; countenance slightly livid. Considering the symptoms indicative of nervous exhaustion, I administered a draught containing compound tincture of valerian and sulphuric ether.—Twelve o'clock, noon: There is less disposition to talk incoherently, but still confusion of ideas combined with inability to recognise any of his family. Dr. Smith, who now saw the patient in consultation with me, stethoscopically examined his chest, and pronounced both lungs and heart healthy. As he concurred with me in opinion with regard to the etiology of the symptoms, the following medicaments were ordered:—A draught, consisting of sesquicarbonate of ammonia, compound tincture of valerian, and Hoffman's anodyne, to be taken every fourth hour; a blister to be applied to the nape of the neck, and a purgative pill, containing podophyllin, to be taken at bedtime. A liberal supply of beef tea and eggs throughout the day was also recommended.

27th.—Eleven A.M.: Dr. Smith again saw the patient, who was in the following condition:—Bowels relieved; pulse 96, very feeble and fluttering; spasmodic breathing more frequent; expression of countenance ghastly, presenting general pallor, relieved by lividity of the cheeks and lips. During the paroxysm of dyspnœa the pulse was scarcely perceptible. He occasionally talked incoherently, but looked dull and drowsy. The mixture to be repeated, and a glass of port wine to be taken every fourth hour; the beef tea and eggs to be continued.—Nine P.M.: The patient has not spoken since noon, but lies in a state of stupor, with occasional yawning and panting for breath. When the dyspnœa is very urgent, he suddenly raises himself up in bed, and sits there for a few moments. Ordered sinapisms to be applied to the calves of the legs.

28th.—Ten A.M.: Pulse 92, quite thready; stupor more profound, and dyspnœa more frequent and distressing; pupils, though sluggish, yet contractile; tongue clean. The mixture

to be repeated, and a wineglass of brandy, in a cup of beef-tea, to be taken every second hour.—Nine P.M.: Fæces and urine twice passed unconsciously in bed during the day. The patient perfectly comatose, with occasional hiccough. Sinapisms were applied to the soles of the feet, and ordered to be kept on for two hours.

29th.—Half-past seven A.M.: I was sent for, as the patient was supposed by his family to be dying. The power of deglutition, though not lost, was much impaired; pulse 92, very feeble; respiration so quiet that the thoracic movements could scarcely be observed, unless during dyspnœa. I administered a glass of brandy, and ordered stimulants, with nutrients, to be continued as before.—Nine P.M.: Excretions involuntarily evacuated once since the morning; pulse, however, slightly improved; coma not so profound.

30th.—Ten A.M.: Pulse 80, stronger. The patient still less comatose. To have an ounce of brandy, with beef-tea or egg, every fourth hour; and the medicine to be continued.—Nine P.M.: Appeared to sleep quietly all the day, unless when disturbed for food, when he opened his eyes and looked round the room. He now recognises the members of his family for the first time since the 26th. Has voluntarily voided urine of a high colour, of specific gravity 1025, containing a trace of albumen, but without tube-casts.

July 1st.—Much improved, being quite conscious and rational; can sit up in bed without dyspnœa. The medicine to be continued thrice daily, and one ounce of brandy to be taken every sixth hour.

3rd.—Continues rational, but labours under an impediment of speech, being unable to find suitable words to convey his meaning. He still has a feeling of uneasiness in his head, with irritability of temper.

8th.—Bowels moved once daily since last report, and urine naturally voided; pulse 76; tongue clean; little dyspnœa; feels stronger, but is still anæmic and lethargic. Ordered a draught, containing tincture of the sesquichloride of iron and chlorate of potass, to be taken four times a day. The previous mixture to be discontinued.

13th.—Still continues to progress. All the organic functions are now normally performed, and the mind is gradually acquiring its original power. From this date the improvement was steady and progressive until the beginning of August, when, the patient being sufficiently recovered to take out-door exercise daily in a Bath-chair, I discontinued my attendance.

*Remarks.*—This case appears to me to possess considerable interest in connexion both with physiology and pathology, as it exemplifies some important laws now generally recognised in those cognate sciences. Though it has long been observed that delirium and coma may be produced either by congestion or anæmia of the brain, yet it is only in modern times that the attention of the profession has been particularly directed to this important fact. It has been noticed by several authors, but most recently by the late Dr. Todd in the Lumleian Lectures for 1850. That distinguished physiologist there ably pointed out that delirium and coma, though they are in some cases symptomatic of inflammation of the nervous centres, are yet in the majority of instances non-inflammatory in their character, and are produced by deranged nutrition of the grey matter of the cerebral hemispheres. While the lecturer dwells upon the importance of correct views as to the pathology of these phenomena, he strenuously advocates the adoption of the stimulating plan of treatment. That the case under consideration was not one of encephalitis, though it presented some of its features, was manifest from the absence of certain symptoms characteristic of that morbid state. There was no nausea or vomiting, nor severe pain in the head; the pulse was not slow and sluggish; the delirium was not muttering; the pupil was not contracted; and the hearing was not acute. Whilst, then, the patient was not labouring under hyperæmia of the brain, there was also evidence to show that he was not the subject of uræmic poisoning. Examination of the urine revealed no albumen or tube-casts, and the specific gravity (1023) showed there was a normal amount of urea excreted. The trace of albumen subsequently discovered arose from slight congestion of the kidneys, the result of feeble capillary circulation. Again, though the sudden invasion of the symptoms might point to their epileptic origin, yet the sighing respiration and general appearance of the patient, combined with the previous history of the case, left little room to doubt that the delirium and coma arose partly from anæmia of the brain. I say *partly*, because the patient had not suffered from any hæmorrhage which might have suddenly disturbed the balance of the cerebral circulation, but had gradually glided, through imperfect sanguification, into that anæmic state. But how often do we see cases of extreme anæmia thus *gradually* induced in which the cerebral functions are comparatively unaffected. It is thus manifest there was some other cause in operation, and this I believe to have been the undue waste of brain accompanying long-continued mental exertion. Here was a man who for years had concentrated his faculties upon one subject, and allowed his thoughts to become so engrossed with it that he could find no pleasure save in its contemplation. As it is admitted by physiologists that every act of the intellect involves the disintegration of brain-tissue, it is easily intelligible how such absorbing attention operated in breaking-down the nerve-vesicles to a greater degree than was compensated by repair, and so deranging the nutrition of that portion of the cerebrum which is the centre of intellectual actions.

The treatment of this case deserves a brief notice. It was eminently stimulating and supporting. For a few days, when the coma was profound, an ounce and a half of brandy was administered in beef-tea every two hours, while ten grains of sesquicarbonate of ammonia were given every four hours. The grand object was to stimulate the capillary circulation, which I believe was accomplished by the remedies employed, both brandy and ammonia quickening the heart's action, while the latter, by holding the fibrin of the blood in perfect solution, indirectly contributed to the same result. The blister and sinapisms were resorted to for a similar purpose. Subsequently, when coma had passed away, iron and chlorate of potash were exhibited; the former being intended to promote the growth of the red corpuscles of the blood, and the latter to supply oxygen to the nervous centres. Whatever be the *modus operandi*, however, of the measures employed, it is satisfactory to reflect on the favourable termination of the case, and to contrast it with the result of the antiphlogistic treatment as displayed in the melancholy instance of the late Count Cavour. Had the stimulating plan, instead of bloodletting, been adopted in his case, it is more than probable that Medicine would have achieved a triumph, and that Liberty would still rejoice in the possession of one of her ablest champions.

Weymouth, 1864.

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REPORT OF A

# CASE WHERE A PORTION OF TOBACCO-PIPE WAS BROKEN INTO THE BLADDER;

## SUCCESSFUL REMOVAL AFTER THE USE OF THE LITHOTRITE.

By HENRY SMITH, F.R.C.S.,

ASSISTANT-SURGEON TO KING'S COLLEGE HOSPITAL.

J. H——, aged nineteen, was sent to my house on Saturday, Jan. 16th, by Dr. Riding, with the following story:—Three months previous, having a difficulty in micturition, he conceived the idea of passing a long clay pipe down his urethra into his bladder. He was so successful in his exploit that he repeated it, ten days before I saw him, on a similar emergency occurring, but on withdrawing the pipe he found that it was shorter by at least two inches than it ought to be. Relying, however, upon the efforts of nature to expel the body, he consulted no one, although he had great pain and irritability of the bladder, which went on increasing until his parents, hearing his groans whilst he was passing urine, made him confess the accident. He was immediately taken to Dr. Riding, who sent him to me.

On introducing a sound, I at once struck the pipe, lying on the right side of his bladder. The urethra was fortunately a capacious one, free from stricture, and not at all sensitive. I sent him home, told him to go to bed, and retain his urine for three hours before my arrival, and on the same afternoon I proceeded to operate. I at first had some hopes of being able to extract the entire portion of pipe by means of a very fine lithotrite, but, either owing to my own awkwardness or to the abrupt curve of the instrument, I had so much difficulty in introducing it that I changed my tactics, passed in an ordinary-sized lithotrite, and, readily catching the foreign body, broke it in two pieces. I then seized one of the halves—the waxed end, as it proved to be—and broke it up. I then washed the bladder well out with warm water, using a catheter with very large eyes, but I got nothing away. At ten P.M. I called on the patient, and found that he had passed about half of the waxed end of the pipe, and he was very comfortable. On

calling the following morning, to my great astonishment I found that the patient had passed in its entirety the half unbroken portion of pipe, measuring exactly one inch and an eighth, and numerous fragments besides. On placing them all together, it was evident that the whole two inches had come away. I washed the bladder well out on that and the following day, removing a quantity of powder and minute fragments of clay, and on the next day but one the patient walked a long distance to my house, free from every symptom.

This case is an interesting addition to the two cases recently published in THE LANCET, where in the first instance Mr. Fergusson removed an entire bougie from the bladder by means of a lithotrite, and in the second Mr. Henry Thompson was equally successful in extracting a hair-pin, and, together with them, it goes to prove what may be done with the lithotrite in cases of foreign bodies in the bladder. It is doubtful whether I could have succeeded in extracting two inches of a rigid body from the bladder along the urethral canal with safety had I introduced a proper instrument. However, the result of the treatment I adopted, if not so brilliant a *coup de main* as in the cases referred to, was equally satisfactory. There is one reflection which this case suggests in reference to perhaps the most important point connected with lithotrity—viz., as to the treatment of fragments. The speedy and spontaneous expulsion of the foreign body after it has been broken up conveys the hint that we should be content with simply breaking up a stone, and leaving Nature to do the rest. At the same time, however, it must be borne in mind that in this case the bladder was perfectly healthy; whereas in cases of stone we often meet with a bladder more or less diseased, sometimes partly or entirely paralysed, and then we appreciate the value of that treatment which consists in extracting the greater portion or the whole of the fragments by means of a small and well-constructed lithotrite. I shall shortly have to detail perhaps one of the most extraordinary cases where this line of practice was adopted with great success.

Caroline-street, Bedford-square, March, 1864.

## A BRIEF ACCOUNT OF THE GOVERNMENT REGULATIONS ON PROSTITUTION IN ITALY,

### AND OF THE SIFILICOMIO AT NAPLES.

BY G. MACKENZIE BACON, M.D.

MANY and great as are the differences between the habits and feelings of the English and continental nations, perhaps there is none more striking and obvious to the traveller than the light in which the so-called "social evil" is regarded and treated abroad. While, however, we are justly proud of the complete freedom we enjoy in this kingdom, and are apt to draw unfavourable comparisons at the expense of our neighbours, it becomes a question whether we are not at some disadvantage in this matter so far as "the greatest good for the greatest number" is concerned, and whether a more despotic exercise of power would not produce less evil than the present licence. Excluding the influence of such means on public *morals* from our view, there cannot be much doubt that some such system as is pursued in most foreign countries would greatly benefit public *health*, by reducing the frequency as well as the severity of a dire disease, and of the endless ills which flow from it.

In Italy the duties of the sanitary police are regulated in a very systematic manner, similar to that pursued in Paris; and the same discipline is now adopted in the newly acquired dominions of Victor Emmanuel. Amidst the chaos, which is being gradually reduced to order in the southern capital, the Government has established during the last three years a Sanitary Office, with an inspector and proper staff, to whom is entrusted the "surveillance" of prostitution—a term which implies more particularly the following measures: viz., the registration of all public women, their due inspection at stated times, the compulsory treatment of those diseased, and the supervision of the licensed houses. While staying at Naples in January last, I had the opportunity of examining the official records of this establishment, and of visiting the hospital set apart for these patients; and perhaps some brief account may be acceptable to English readers.

During the Bourbon reign an hospital existed, as well as police supervision; but it was managed in so loose and negligent a manner as to be practically useless, and during the exciting period of revolution hygiene gave way to more pressing necessities. In consequence, however, of the urgent representations of the local authorities, who stated that "a contagious disease invaded all classes of society, gave rise to grave and not always curable evils, was made hereditary, was a frequent source of the death of infants, and caused the degeneration of the human race, as well as seriously disturbing the peace of families," the Government ordered that from Jan. 1st, 1861, the regulations on prostitution issued by Cavour on Feb. 15th, 1860, for the benefit of North and Central Italy, should be extended to the southern provinces, that the police should have full control, and that suitable hospital accommodation should be provided; the Government likewise nominated the various officers, and fixed their salaries. These regulations determine with great minuteness the conditions under which these women may ply their trade, the rules to be observed, fees to be paid, the number of medical visits, duties of the officials, and the forms of the statistical tables, &c. Of those immediately concerning the women the following are the most important:—

"Every prostitute must be registered at the Sanitary Office. In the register shall be set forth her name, age, country, civil condition, personal characteristics, name of her parents, place from which she comes, occupation, and exact residence. At the time of registration she shall receive a book containing those sections of the regulations which concern herself, and in this book shall be noted the sanitary visits she undergoes, place of abode, &c. She shall not change her residence, nor be absent for more than three days, without the consent of the director. They are absolutely forbidden to live near a shop where wine, spirits, and beer are sold; to go out when not dressed in a decent manner, or when drunk; to station themselves at the windows or doors of their houses; to linger in the principal streets or thoroughfares; to commit indecent acts or use obscene language in public places; to follow passers-by, or solicit them by words or signs; to remain out of doors without good reason after eight P.M. from October to March, and after ten in the other months; to wander about the streets, especially near their own houses, and above all in the evening; and to frequent theatres. And they shall be punished when they conduct themselves indecently."

Such is a specimen of the solicitude of a paternal Government for its subjects. Non-compliance with any of the rules is met by arrest and punishment of the offender; and the energy of the officials and vigilance of the police ensure a pretty ready obedience now, for if a woman misses even one inspection the police are at once sent in search.

Other rules deal with the "postriboli," or licensed houses, which are divided into two classes—those in which the women have a fixed residence, and those resorted to temporarily, or, as the French call them, "maisons de passe;" and both these classes are subdivided into three, according to the payments to which the male visitors are legally liable,—namely, 1st class, from 5 fr. and upwards; 2nd class, from 2 fr. to 5 fr.; 3rd class, not more than 2 fr. The owners of such houses are made responsible for their maintenance in proper order, and they are also compelled to share the gains of their infamous traffic with their *employées* in certain definite proportions. In each category the sum paid for a licence varies according to the class: the first class paying respectively 400, 200, and 100 francs for each subdivision; and the second, 200, 100, and 60 francs, yearly. The inspections too—which must be made twice a week—are paid for at the rate of 1 fr. or 1½ fr. each by those living in licensed houses, and of ½ fr. by others; while those supposed to be unable to pay are attended to gratuitously. At the time of registration each woman receives a small book, containing, besides her name and the other particulars beforementioned, some blank forms in which are to be entered the notes made by the surgeon at each visit, and this must be produced on every occasion. The bulk of the women come to the office to be inspected.

How far these stringent regulations are successful or beneficial may be judged from the following figures, extracted from the records of the Sanitary Office at Naples, which commenced its operations in 1861:—

| | Number of Women registered during | | |
|---|---|---|---|
| | 1861. | 1862. | 1863. |
| First quarter... ... | 413 | 826 | 935 |
| Second ,, ... ... | 753 | 1009 | 1143 |
| Third ,, ... ... | 955 | 1198 | 1349 |
| Fourth ,, ... ... | 1169 | 1355 | 1475 |

Thus, the numbers have increased every year with the efforts

of the police, and the utility of these measures receives a striking illustration from the returns of the Sifilicomio, for, whereas at first there were nearly 700 inmates, the average now is less than 500—i.e., the per-centage of disease in this class has declined from 50 to 30 in three years; and, moreover, while in 1861 75 per cent. of the cases were affected with chancres, the proportion now is only 29 per cent.!

In 1862 there were living in "postriboli" 698, in separate houses 428; and the Government received for its registration fees, &c., 12,989 francs.

The inspector of the Sanitary Office receives 3000 francs a year, and there are also three surgeons receiving 1200 francs a year each, and six assistant-surgeons, elected after competitive examination. The Sifilicomio, or hospital, to which all the women infected must go, is an old building re arranged, and now under good management, and like almost all such institutions in Italy, was once a convent. It has room for 700, but the numbers do not exceed now 450 as a rule, and these are classified as those who pay and those who are kept at public expense. Payment is quite voluntary, but there are many who desire and obtain by this means some extra comforts and greater privacy, and are styled either "half" or "entire" *pensionnati*, according as they pay one or two and a half francs per diem. The former have a large common dormitory and live by themselves; the latter live in a detached house, are not associated more than two or three together, and have a better diet, but both have as good bed and bedding as can be desired. The others are associated in large wards, which are kept clean and are well aired and lighted, while a *gouvernante* maintains what discipline she can in each. They assist in the housework, and are encouraged to employ themselves, but their habits of life do not fit them for much occupation. Each ward has a small room attached to it for the medical examinations, and in this are kept the needful implements, while there is also a lavatory with sitz baths, and a good-sized marble trough made in a V shape, in which the usual ablutions and medications are conducted. The water supply is ample and the many contrivances for cleanliness and the details of treatment deserve the highest praise. There is also a large common bath-room containing fourteen marble baths, the floor paved with glazed tiles. One ward is set apart for those affected with scabies, another for those undergoing mercurial treatment (which is always by inunction), and a third is reserved for those who wish to abandon their mode of life. At the time of my visit there were twenty-six of these latter, all busily employed under the charge of a *religieuse*, twenty-five taking mercury, and twenty boarders, or *pensionnati*. Each section is separated from the rest and has its own airing court, but the mass of the inmates take their meals together in a common refectory twice a day. The diet is liberal, including meat daily, soup, oil, fruits, and vegetables, and twenty ounces of bread. A few small rooms with one bed only are kept for those suffering from acute and accidental maladies, such as erysipelas, &c. The cost of each patient, that is of the paupers, to the Government is reckoned at sixty-five cents. (6½*d.*) per diem.

During the first quarter of 1863, 131 were arrested in "clandestine prostitution;" 89 were registered after their first inspection, or on leaving the hospital; 63 cases were sent to the Sifilicomio; and 36 out of the whole number known abandoned their ways, being restored to their families or friends.

These few facts will suffice to show the general working of the system, which is at present in its infancy, but before long the statistical returns will be made in greater detail so as to be of more value for medical inquiry.

March, 1864.

# Medical Societies.

## OBSTETRICAL SOCIETY OF LONDON.

FEB. 4TH, 1864.

DR. GREENHALGH, V.P., IN THE CHAIR.

### ON FIBROUS TUMOURS OF THE UTERUS TREATED BY SURGICAL MEANS.

BY I. BAKER BROWN, F.R.C.S.,

SENIOR SURGEON TO THE LONDON SURGICAL HOME.

THE author commenced by reminding the Society that on Dec. 7th, 1859, he had read a short paper on this subject, containing a case of fibrous tumour of the uterus treated successfully by surgical means. Also on March 6th, 1861, he had read a second paper on the same subject, giving six cases, four of which were cured, one was relieved, and one died. The object of the present paper was to confirm the practice previously advocated, by fourteen more cases, and at the same time to show that in most cases a very modified surgical treatment was sufficient; for whereas Mr. Brown had hitherto divided his operation into two parts—viz., first, preliminary incision of the os and cervix, and, secondly, gouging or breaking up the tumour,—he now finds that the first step will always arrest the hæmorrhage and the development of the tumour. In some cases the tumour decreases, and when small it will entirely disappear, more especially if of recent origin; and even when gouging is required, a much slighter operation is sufficient. Mr. Brown therefore now never uses "Harper's instrument," but only a pair of long-handled, blunt-pointed, curved scissors. The author entered minutely into the mode of operating, and laid great stress on carefully and thoroughly plugging the incisions and whole vagina with oiled lint after the operation, as on this point depended the chances of hæmorrhage, and exposure to air, and consequent hysteritis, and even peritonitis. Mr. Brown then read fourteen cases, occurring in the London Surgical Home, illustrative of his remarks. Of these fourteen, ten were cured of the hæmorrhage by the incision of the os and cervix uteri alone, and one was relieved; in two only was it necessary to perform the second operation, both resulting in cure of the tumour; in six cases the tumour had either entirely disappeared or materially decreased after incision alone. Of the three deaths, one had occurred from peritonitis, resulting from exposure to cold and the restlessness of the patient; one from organic disease independent of the operation; and one from pyæmia. Out of between twenty and thirty cases occurring in his private practice, the author stated that he had had one death, in a patient whose case was complicated with hæmatocele, and that in his public practice he had had as many more as were now given, with no more deaths.

The following practical conclusions were drawn:—

1. That the fact of the curability of these tumours is materially confirmed by these cases.

2. That it is not necessary in many cases to do more than incise the os and cervix, thereby much lessening the danger of the operation.

3. That the hæmorrhage is almost invariably arrested by the incision of the os and cervix.

4. That the cure of these fibrous or fibroid tumours by surgical means, without the danger of enucleation, is now firmly established, as proved by Dr. M'Clintock, Dr. Routh, Dr. Dawson of Newcastle-upon-Tyne, as well as by himself (Mr. Brown).

Dr. GERVIS wished to know from Mr. Brown whether the incisions he made in the sides of the cervix uteri were ever apt to reunite; whether, if they did, the hæmorrhage recurred; and whether, if they did not, the incised condition of the cervix, in a patient who subsequently became pregnant, in any way interfered with normal parturition.

Dr. ROUTH considered the paper as evidence of the advance of medical science with respect to a disease many cases of which had been deemed incurable. He alluded to the process of enucleation recommended by Dr. Atlee, which he (Dr. Routh) regarded as too hazardous. It was known that many cases had ended fatally under the treatment, and he regretted they had not been published. Mr. Brown, however, had acted more nobly in publishing both his successful and unsuccessful cases. Dr. Routh considered that fibroid tumours required different treatment according to whether they were in or out of the cavity of the pelvis, whether the heart and lungs were pressed upon, or micturition impeded, or whether in either case excessive floodings occurred. In any case the tumour should not be meddled with unless vital functions were interfered with. Mr. Brown's operation could not be used in supra-pelvic cases because of the uncertainty of position and risk of wounding the peritoneum. In such cases he considered gastrotomy the best treatment, removing both ovaries also. In the pelvic fibroids, he agreed with the author that the tumours after bisection diminished, and he considered this an established point in practice. The opening of the cervix he believed not only checked the hæmorrhage, but enabled the tumour to be more easily got at; it was, under the restrictions laid down by Mr. Brown, quite safe.

Dr. GREENHALGH considered the question of fibroid or fibrous tumours one of great importance, especially where the hæmorrhage endangered the life of the patient. In the great majority of cases he had found the best results from the use of bichloride of mercury or bromide of potassium. Still there was a certain

limited class of cases in which medicines were of little avail, and it was in such that the division of the cervix uteri was attended with benefit. He had seen a few cases, and in these, although the hæmorrhage was considerably lessened, yet the size of the uterus was not much reduced. In those cases where pressure on surrounding structures had produced injurious effects, he had seen good results from pushing up the tumour above the brim.

Mr. BROWN, in reply to Dr. Gervis, stated that care was taken to prevent the incisions in the os and cervix from uniting. The oiled lint, in the first instance, and the injections afterwards, generally prevented union; but if any bands of lymph were thrown out, he always broke them down with the finger. He had never seen a case in which the patient had been confined after the operation, but it was only reasonable to infer that parturition would be accelerated after these incisions; for in the case of a primiparous woman, where the os is torn, the subsequent labours are always exceedingly quick. As to the *rationale* of the operation, Mr. Brown had avoided the question for fear of giving too wide a field for discussion. He thought the action was twofold. The tumours were of very low vitality, and the slightest interference with them stopped their growth. Thus, in the first place, the initiatory bloodvessels were cut through by incising the os and cervix; and, secondly, the tumour was grasped more firmly by the contraction of the uterus, which always takes place after the os is incised; and thus the tumour was confined, could not grow, and often died. He was obliged to Dr. Routh for alluding to the authenticity of his (Mr. Brown's) cases, as some doubt had on more than one occasion been thrown on the subject. He could only repeat that his practice at the London Surgical Home was open to every member of the profession. He had only given cases where severe hæmorrhage was present as the most urgent symptom, and in almost all the cases which came to him the patients had been previously treated without success.

## ON SOME CASES OF OVARIOTOMY, WITH REMARKS.

BY THOS. BRYANT, F.R.C.S.,
ASSISTANT-SURGEON TO GUY'S HOSPITAL.

After a few preliminary remarks, the author gave the details of ten cases of ovariotomy, six of which were successful. The following are their brief notes:—

CASE 1. *Multilocular ovarian tumour; ovariotomy; death on fourth day.*—M. C——, aged thirty, married. Tumour discovered two years; never been tapped. Ovariotomy on Dec. 5th, 1860; small incision; pedicle, which was broad, fastened by double ligature; wound brought together with pins. Opium freely given. Third day, vomiting, with tympanitis; and death seventy-eight hours after the operation. Post-mortem: Peritonitis.

CASE 2. *Unilocular ovarian tumour; ovariotomy; recovery.*—E. D——, aged thirty-two, married. Disease existed two years and a half; had been tapped once. Ovariotomy on Oct. 15th, 1862; small incision; adhesions in front; pedicle secured with clamp; wound brought together with silver sutures. Uninterrupted recovery in one month. This patient has since been confined of a living female child.

CASE 3. *Unilocular ovarian tumour; ovariotomy; recovery.*—A. S——, aged twenty-five, single. Disease four years; tapped twice. Ovariotomy on March 20th, 1863; no adhesions; small incision; pedicle secured with clamp. Acute bronchitis. Perfect convalescence from the operation in one month. The patient subsequently died from pneumonia two months after the operation.

CASE 4. *Double ovarian disease; ovariotomy; death.*—E. C——, aged thirty-two, married. Disease two years; tapped once. Ovariotomy on April 15th, 1863; extensive adhesions; broad pedicle secured with three whipcord ligatures on left side, on right side with two. Collapse and death in twenty-two hours. Post-mortem: Peritonitis.

CASE 5. *Semi-solid ovarian tumour; ovariotomy; death.*—J. P——, aged forty-four, married. Disease many years; tapped once. Ovariotomy on July 25th, 1863; small incision; broad pedicle secured with three whipcord ligatures. Death in thirty-seven hours from peritonitis.

CASE 6. *Multilocular ovarian tumour; ovariotomy; recovery.*—L. W——, aged seventeen, single. Disease existed one year; never been tapped. Ovariotomy on Sept. 8th, 1863; small incision; no adhesions; broad pedicle secured by three whipcord ligatures; silver sutures to wound. Rapid convalescence.

CASE 7. *Multilocular ovarian tumour; ovariotomy; death.*—H. D——, aged twenty-four, married. Disease three years; tapped three times. Ovariotomy on Oct. 8th, 1863; small incision; extensive adhesions; broad pedicle requiring seven whipcord ligatures. Collapse and death in twenty-three hours. Post mortem: Slight hæmorrhage into abdominal cavity.

CASE 8. *Multilocular ovarian tumour; ovariotomy; recovery.*—H. B——, aged thirty-four, married. Disease one year; tapped once. Ovariotomy on Oct. 8th, 1863; large incision; no adhesions; pedicle secured with three ligatures; silver sutures to wound. Uninterrupted convalescence.

CASE 9. *Multilocular ovarian tumour; ovariotomy; recovery.*—A. J——, aged thirty-seven, single. Disease one year; never been tapped. Ovariotomy on Oct. 16th, 1863; large incision; no adhesions; clamp to pedicle; silver sutures. Rapid recovery.

CASE 10. *Multilocular ovarian disease; ovariotomy; recovery.*—S. C——, aged fifty, married. Disease eighteen months; tapped twice. Ovariotomy on Dec. 2nd, 1863; large incision; no adhesions; clamp to pedicle; silver sutures to wound. Rapid convalescence.

The author then passed on to make some general remarks on the operation. He confessed that in three of the cases which had been noticed the chances of securing a successful result from the operation were looked upon as being very slight, and that he should now in similar cases refuse to operate. He dwelt upon the propriety of being very careful in selecting cases, and expressed his belief that the surgeon had better err on the side of caution than on that of rashness. He considered that the best patient for the operation was the one who was in the best health, and that there was no special general preliminary treatment demanded which was not applicable to other operations. He enforced the necessity of isolating the patient, and of guarding her well from the contact of all who were not specially required for the treatment of her case. It was to the careful observance of this rule that he attributed his success. During the operation he preferred to place his patient in the half sitting posture, as such was the most convenient for many reasons. He was indifferent to the length of the incision which he made, but had commenced always with the small incision, and increased it when any difficulty in the extraction of the tumour was experienced. He condemned the practice of exploring the abdominal cavity with the hand, in the search for adhesions, and advocated the practice of breaking them down as they manifested their presence during the operation, stating that by following this rule there would be but little necessity in the majority of cases of fingering the peritoneum.

As to the treatment of the pedicle, he used the clamp or ligature according to circumstances. When it was long and narrow he had employed the clamp, as convalescence appeared more rapid after its application than when the ligature was used; when it was broad and short he had used the ligature, as he regarded traction upon the pelvic viscera as most injurious. He spoke in favourable terms of the practice which Dr. Tyler Smith had introduced of dropping the pedicle with its shortened ligature into the pelvis; and expressed his belief that such a practice might be more general.

The practice of sponging out the pelvis he regarded as dangerous, and recommended its adoption only when an excess of blood or of semi-solid ovarian material had taken place.

In the treatment of the wound he had always employed silver sutures, as such were more convenient in their application. He had also included the peritoneum and abdominal muscles in his sutures.

In his after-treatment he had been guided by the ordinary surgical principles. He had kept his patient's room warm but airy. He had given but little opium, and strongly advocated its employment as a suppository. For the first two or three days he had given only liquid nourishment, such as good beef-tea and arrowroot; but after that he had given meat and wine with average caution. He had no special treatment to recommend.

Mr. SPENCER WELLS argued at some length that all serious operations succeeded better in private houses and in small hospitals than in the larger institutions; and that Mr. Bryant's success was due in a great measure to his patients being kept alone in a private room, and placed otherwise in similar conditions to those in small hospitals. In some desperate cases, even where there was little hope, it might be the surgeon's duty to risk his reputation in the hope of saving life. When blood or ovarian fluid escaped into the peritoneal cavity, it should be removed with scrupulous care.

Mr. BAKER BROWN agreed with the last speaker that the arrangements had been precisely the same as those practised in a small special hospital, but he would strongly urge Mr. Bryant

not to exclude the pupils. In the London Surgical Home, visitors, sometimes to the number of fifty or sixty, witnessed his operations, and he had seen no ill effect follow. But after the operation the patient must be separated from the others to give her a fair chance of recovery. With reference to sponging out the peritoneum, Mr. Brown laid down this rule: if there were blood or fluid of a colloid nature in the cavity, it must be removed either by sponges or flannels, or sometimes by placing the patient on one side; if, however, the fluid was ascitic or simple mucoid fluid, as often found in ovarian cysts, and not in large quantities, he left it alone. Of course, one would not interfere with the peritoneum if there were no occasion.

MR. BRYANT, in his reply, thanked the Society for the way in which they had received his communication. He was quite ready to give all credit to the surgeons of the smaller hospitals for having, by their energy and success in ovariotomy, stimulated others to practise the operation. He was ready to admit that great precautions were needed in the larger institutions to isolate the patients, and thus rescue them from all risks of contagious influences. The success which his cases had demonstrated was undoubtedly to be attributed to this caution; but it also proved that such was to be obtained in a large hospital by attention to these points. He acknowledged that a surgeon was placed in a difficult position when asked to operate in a case in which the prospect of success was very small; but he believed that almost desperate cases should be avoided. He would advise the sponging out of the pelvis when much blood or colloid fluid had escaped into it; in other cases it was not required. He agreed with Mr. Brown that it was a desirable thing that the pupils should witness the operation; but as this advantage was only to be obtained by incurring some unnecessary risk to the patient, he had thought it better that, to a certain extent, they should be excluded. The few who had been admitted were senior men who had been placed under a kind of quarantine for some days previously.

# Reviews and Notices of Books.

*A Manual on Extracting Teeth.* By ABRAHAM ROBERTSON, D.D.S., M.D., of Wheeling, West Virginia. London: Trübner and Co.

IN the whole range of operative surgery there is probably no operation less carefully undertaken, or more despised by many general practitioners and students, than the simple one of extracting a tooth; nor is there any about which so willing an ignorance exists. The writings on this subject are so generally incorporated with much that has no immediate demand upon the general hospital student's interest, that we receive, and have perused, this little work with much satisfaction. It has evidently been written by a close observer,—one desirous of rendering thoughtful attention to the practice and opinions of others, and capable of drawing fair inferences from both; resulting in an eminently practical enunciation of the numerous observations which *ought* to be made by all who essay the operation, before, during, and subsequent to its performance.

Though there is here nothing new, nor any statement with which the English dentist is not familiar, still it is the duty of the medical and dental student to make himself acquainted with the practice of foreigners as well as that of his own countrymen. To the medical student intending to practise either in the provinces or in the army or navy, this book will prove peculiarly instructive, being from the pen of one of his own profession. The author has, by a clear exposition of principles, demonstrated sound lines of practice, and so refutes many of the mistaken dicta arising from the want of a distinct view on which operative procedure should be based: for example, the popular notion of the desirability of lancing the gum around a tooth prior to its extraction—a needless, useless pain inflicted on the patient, without facilitating the result in any way, except in the smallest number of cases.

"The attachment of the gum to the neck of a tooth" is "so slight and inconsiderable that no operator or patient could possibly appreciate the difference in the amount of force required or the pain experienced, whether the gums were cut or not. And besides this, the lancet in almost all cases is rendered entirely unnecessary by the fact that properly constructed forceps—forceps fitted to each class of tooth to which they are applied"—"will more easily and more thoroughly do it, and by the same movement that applies them to the tooth, than any lancet can be made to do it; and with no more pain, even if as much, in the application than if the gum had been ever so freely lanced before."

This extract, though containing a truism amongst dentists, will suffice to impress upon the student in operative dentistry the perspicuity of the author's diction, as well as the soundness of his views of the principles on which dental operations depend. Simple as are these principles, the indispensability of a minute knowledge of the anatomy of the teeth, and of their relations to each other and surrounding parts, is distinctly pointed out; also the frequent failure due, as it generally is, to the absence of one or more of these all-important data. The young practitioner is as wisely cautioned against the substitution of irresistible force (as exemplified in the "turnkey") for a careful and educated examination. We use this word "irresistible" advisedly; we had hoped that the typeform instrument of torture, the "turnkey," had disappeared alike from the American and English surgeon's case; but probably the author has good reason to reiterate his condemnation of its use.

We would specially commend to the student's attention the discriminating remarks on the Pathology of Toothache, where, amongst many others, we find one of the most fruitful causes of caries of the teeth clearly indicated as due not only to the imperfect structure of the enamel, as a predisposition, but also to the constant change in the secretions of the mouth from an alkaline to an acid state, accompanying almost every disease to which humanity is subject; and how much we add to the existing causes of caries, acquired, structural, or hereditary, by the often careless mode of administering the mineral acids, or even the salts, with powerful acid bases, so many of which have great affinities for lime. So frequently as the exhibition of acids is necessary in the present asthenic type of disease, so repeated ought to be the cautions impressed on the student in their use, and the simplicity of the local remedies pointed out by which the effects of both the altered secretion and exhibited destroyers of teeth may be counteracted.

The author deserves the thanks of the learner for so lucidly tracing for his guidance a line between true conservative dental surgery and the injurious procrastination so often urged upon the dentist of delaying the removal of a dead tooth (whose presence is the sole cause of an acute abscess) till the inflammation has subsided or the debility disappeared; and the beginner is often reminded of a neglected maxim of surgery—"that the readiest way to remove any disease is to remove its cause." If Nature is making her usual effort to discharge an effete portion, surely it is our duty to assist her by removing the necrosed tooth at any stage of the pyogenesis; for every sleepless night and wearisome hour of torture must increase the debility and injure a wider range of tissue by infiltration of lymph, till perhaps the relief comes by a fistulous opening in the palate or cheek.

We have remarked enough on this part of the work; and it is unnecessary to criticize *seriatim* the recommendations on the actual operation of extracting teeth. It is well pointed out to the learner, that force has little to do with the proceeding; a small amount of force well applied, a due regard to anatomy, an intelligently selected instrument most cautiously applied to a thoroughly examined tooth and surrounding parts, will almost ensure a satisfactory result. Rapidity can only be attained by practice; unkind haste, or a contempt for the comparative smallness of even this minor operation in surgery, will baffle itself, and uselessly torture the patient as well as damage the heedless operator's reputation. We regret to find that the author has seen it necessary to speak so decidedly to his countrymen on so many simple points of diagnosis and practice in dental

surgery, and much fear that we may have been misled by the much vaunted success of American dental practitioners.

We should fail in our duty were we to conclude this short notice without expressing our regret at the limited number of the woodcuts, and the positive absence of either art or fair execution, or even in some cases correctness. We sincerely hope that American illustrative art will make a better show in any future edition of this excellent practical treatise of Mr. Robertson.

## OUR LIBRARY TABLE.

*Elements of Physics and Natural Philosophy, written for General Use in Plain or Non-technical Language.* By NEIL ARNOTT, M.D., F.R.S., &c. The Sixth and Completed Edition. Part I. London: Longman. A generation has nearly passed away since the first edition of the first part of this admirable work appeared. It had an almost unexampled success, five large editions having been called for within five years of its publication, even though the work was incomplete. It will be gratifying to our readers to learn that the second and concluding part is now in the press, and will be published in October next. We reserve a more extended notice of this most charming and useful work until it shall be complete, merely observing at present that it must command a most extensive sale amongst students and men of science of every grade.—*A Vindication of the Present State of Aural Surgery.* By a Member of the New Sydenham Society. Churchill and Sons. Pamphlet. This vindication has been provoked by the publication by the Sydenham Society of a volume entitled "The Aural Surgery of the Present Day," by Dr. Kramer. The mixture of ignorance and pretension which that volume presented was much noticed at the time, and we believe that the author of this pamphlet by no means overstates the fact when he says that "so great an injustice has been done to the subject of aural surgery in the issue of this volume by the New Sydenham Society that its perusal must call up a blush in all having any knowledge of or interest in its study; and doubtless the members of the New Sydenham Society have good reason to be indignant that such a production has been forced upon them." We have not thought Dr. Kramer's work very worthy of the attention of those out of the pale of the Society mentioned, and as the present pamphlet will no doubt be brought under the notice of the members of that Society, we need not enter into its subject at length. It is an able exposition of the matter, and one which we are glad to see published. It is too much the fashion to accept worthless books because they are written by foreign authors.—*A Handbook of the Practice of Forensic Medicine, based upon personal experience.* By JOHANN LUDWIG CASPER, Professor of Forensic Medicine in the University of Berlin. Vol. III., including the Bio-Thanatology of New-born Children, and the First Part of the Biological Condition. Translated from the Third Edition of the Original by G. W. BALFOUR, M.D. The New Sydenham Society. With the appearance of this the third volume of the most complete treatise on Forensic Medicine in any language we have to lament the death of its eminent author. He might with full justice have said of himself, in the words of Stoerk—

> "Non hypotheses condo, non opiniones vendito,
> Quod vidi scripsi."

The members of the New Sydenham Society may feel well satisfied with this work as one of the most welcome returns which they could obtain for their money.—*On Paralysis, Neuralgia, and other Affections of the Nervous System, and their Successful Treatment by Galvanization and Faradization.* By JULIUS ALTHAUS, M.D. Third Edition. London: Trübner. The fact that a third edition of this work has been called for speaks sufficiently for the interest and utility which characterize it. Dr. Althaus is one of the few persons who, having given special attention to the medical application of galvanism, has so governed his professional conduct, and so directed his pathological studies, as to command general confidence. His little work is an honest and able outline of electro-therapy.—*On Some of the Forms of Disease of the Eye, constituting the condition commonly called Amaurosis.* By ERNEST HART, Ophthalmic Surgeon to St. Mary's Hospital, and Lecturer on Ophthalmic Surgery at St. Mary's Hospital Medical School. Churchill and Sons. The profession at large are as yet but little aware of the insight which ophthalmic surgeons have obtained into the diagnosis and treatment of the very various forms of disease constituting the affection called amaurosis. This little book will give a good idea of the refinements of modern diagnosis, and, as the author desires, will no doubt "be serviceable in drawing attention to some of the practical uses of the ophthalmoscope, and especially to the importance and facility of diagnosing and treating the early stages of those deep-seated diseases of the eye which commonly manifest themselves at the outset by shortness and dimness of sight, and are often overlooked for years, until they become incurable or end in amaurosis."—*Phthisis and the Stethoscope.* Dr. Cotton's very practical little work has reached a third edition, in which the author has introduced a chapter "On the Physical Signs of the Arrest or Improvement in the Pulmonary Disease."—*Crefydd's Family Fare; or the Young Housewife's Daily Assistant.* 8vo, pp. 335. London: Simpkin, Marshall, and Co. This carefully written book is a model for utility and good sense. It gives precisely the kind of information which is useful to the housewives who manage professional homes; contains a bill of fare for a small family, servants included, for each meal during every day in the year; and the text amply fulfils the author's statement that "the materials suggested are reasonably economical, the quantities exact, and the directions plain." A chapter is devoted to "Items for Invalids," which the medical man, often sorely puzzled to prescribe a fitting diet for feeble stomachs and morbidly delicate palates, will find serviceable; but the work is likely to be most useful in his own home by way of adding to his own gastronomic comforts and enlarging his bill of fare—and no other bills.—*The Art-Journal.* No. XXVII. March, 1864. London: Virtue. In painting, Frith and Turner are illustrated; and in sculpture, Spence. Professor Archer commences in the present number a series of papers "On the Arts employed in producing the essential Materials of Clothing." The specimens given of the new edition of Bunyan's "Pilgrim's Progress," illustrated by Messrs. Selous and Priolo, speak well for the undertaking.—*Advice to a Mother.* By P. H. CHAVASSE, F.R.C.S. Fcap. 8vo. London: Churchill and Sons. This popular and useful little work has reached a seventh edition, and is rendered still more valuable by the addition of Notes and Annotations by Sir Charles Locock.—*Stowe's Toxicological Chart.* London: Churchill and Sons. A new edition of this practical chart has just been issued.

IMPROVEMENTS IN THE PARIS HOSPITALS.—The physicians attending the Hospital Cochin in Paris, having observed for some years past several cases of puerperal fever among the women there, and of which they have not been able to discover the cause, have determined to make a change in the arrangements. They have resolved that the wards devoted to female patients shall be occasionally closed; that is, when a ward shall have been occupied for several months, it shall be left vacant for some time and exposed to a current of air. In order to assist in carrying out this arrangement the Municipal Council of Paris are about to build a large addition to the hospital. The new building is to contain four wards for women. Three only of them are to be occupied at a time, and one left vacant. Another improvement is about to be introduced into the Paris hospitals. A sitting room is be attached to each dormitory, so that when a patient is sufficiently recovered to leave his bed he may have a place to read or to play at some innocent game, such as chess or draughts. Besides assisting in a perfect recovery of the convalescents, this plan will enable the patients confined to their beds to enjoy more quiet.

# THE LANCET.

LONDON: SATURDAY, MARCH 26, 1864.


A TRIAL which is happily of an exceptional character has recently been concluded on the Western Circuit. It was an action for libel. Both plaintiff and defendant were members of the medical profession; they were also brothers-in-law. Family differences had for some time existed, and litigation had been commenced by the defendant. The plaintiff, Dr. RICHARD OKE MILLETT, is a member of the Royal College of Surgeons, a doctor of medicine, and also a licentiate of the Edinburgh College of Physicians. The defendant is a member of the Royal College of Surgeons of England. It is unnecessary to discuss the original causes of their disunion. Mr. JACOB C. MILLETT, whose death had occasioned the observations complained of, had resided for some time previous to his decease with his brother, the plaintiff. In early youth he had suffered from water on the brain. This disease had assumed a chronic form. He seems to have dragged on life till the age of fifty, leading the kind of existence common to those so afflicted: incapable of any prolonged or energetic exertion of mind or body, of very delicate health, and conscious that it was requisite to exercise the greatest caution both in his general habits and diet. For twelve months before his death his usual imperfect health had become more impaired; his eyesight had failed; he lost the inclination for his ordinary quiet pursuits; he was observed to frequently put his hand to his head, as if troubled either with headache or a sense of fulness; his hands and feet from time to time became swollen and puffy; he also became subject to attacks of diarrhœa, which reduced him much; in short, he manifested those indications which, to any medical man of ordinary experience, would have led to the anticipation that, without a prolonged warning, he was liable at any time to be seized with fatal illness. Such did occur on the 30th of December. He ate heartily and fast of dinner, consisting of roast beef, savoys, carrots, and potatoes; the beef was garnished with horse-radish. After dinner there were baked and undressed apples; he ate four or five. He shortly after retired to his room. Importance was not attached to this movement, as he was in the habit of retiring to his room after dinner to read or pray. Some time afterwards the plaintiff was called to see him. The deceased was standing in his room, and complained of "a sinking." This was attributed to the full and hurried meal, and the absence of any stimulant. He was given a little brandy. In half an hour he was again visited. He said that he thought he was better, but he felt cold. He was advised to lie down, and to have jugs of hot water applied. Further stimulants were administered. Later in the evening, while lying on the sofa following out the directions given, he was observed to stoop forwards and pick at the clothes. When asked what was the matter, he replied, "I do not know at all." The servant in the room unbuttoned his collar and removed his neckerchief. He said, "JANE, JANE!" The servant screamed. Assistance was at once available. Dr. MILLETT saw him immediately. He was found quite insensible; his eyes closed; his hand heavy, dropping when let go; and his mouth slightly drawn to one side. He was undressed, and while his clothes were being removed he vomited several times. He remained insensible for several hours, until his death. No active treatment appears to have been adopted. Dr. MILLETT observed, "Treatment in such cases is really punishment, and had better be left alone." Immediately subsequent to the death Dr. MILLETT requested Mr. WILLIAM HITCHENS, coroner, to institute an inquest, stating that deceased had been an invalid for a considerable time. He also requested Mr. EDWIN EDMONDS, brother of the defendant, to inspect the body. Mr. EDMONDS observed its placid appearance, and did not notice anything peculiar. Dr. MILLETT stated to the coroner that he had heard certain reports circulated by the defendant in reference to the death of the plaintiff's father, and he put them forward as his reasons for desiring an inquest. The case was investigated, and a verdict returned of "Death from natural causes." The body was interred. Shortly afterwards the defendant began to "make inquiries." He affirmed that the deceased had not died from natural causes, and applied to the Home Office for an order to exhume the body. He was referred to the local magistrates. An information was drawn up. The magistrates declined to issue a warrant unless a direct charge was made. The defendant declined to make it. The information was forwarded to the Secretary of State; and permission was received for the exhumation, but not at the public expense. The defendant undertook the responsibility. A post-mortem examination was made, the contents of the stomach being forwarded to Dr. TAYLOR for analysis. The defendant came forward at the time of the post-mortem examination, and said, "I can state that there is no apparent cause of death in the body, and therefore death must have been caused by poison; and that that poison must have been administered by some one in Penpoll" (plaintiff's home). The head of the deceased, when opened, contained about one pint of fluid in the ventricles. There was no evidence of any other abnormal condition. On the 22nd of January the plaintiff was arrested, removed from his practice, and in all respects treated as an ordinary individual under the suspicion of the most serious crime. He was examined four times before the magistrates, and was detained fourteen days in custody, until the report of Dr. TAYLOR arrived, when he was at once discharged. Not the slightest trace of poison was discovered by Dr. TAYLOR; nor did he see the most remote grounds for attributing the death of the deceased to any other cause than the pressure on the brain, the result of the condition known and proved to have existed. Up to this period the conduct of Mr. EDMONDS was explicable on the supposition that honest but mistaken views had induced him to attribute so foul a crime to one closely allied to him. It was possible that credulous people might have thought that he had acted under a sense of serious responsibility, unbiased by any personal considerations. It was open to him, when the reasonable inference suggested by the post mortem examination was confirmed by the analysis, to have acknowledged his error, and to have regretted the ill advised steps he had taken in the matter. Mr. EDMONDS did not adopt the course which would have suggested itself to an honest gentleman of ordinary prudence, or to a Christian man with a proper notion of what reparation was due to another for so terrible a wrong. He pursued a course which appears to place beyond doubt the animus

that had influenced his conduct in the whole affair, by writing a long letter to the *Western Daily Mercury*, headed "The MILLETT Poisoning Case—Dr. TAYLOR on Himself," in which exception is taken to the analysis and report received by the coroner. The administration of poison is inferred from premisses without foundation except in the judgment of the writer, who insinuates that aconite had occasioned the death. The note thus concludes a series of inuendos against the plaintiff: "There never was a case which more required the patient investigation which was given to it by the magistrates, especially as it occurred in a house where two of the relatives of the deceased had been found at morning dead in their beds, without anyone apparently knowing the hour or the manner in which they died."

This letter, signed "Investigator," formed the basis of the action for libel, the particulars of which have been already noticed. Better able to decide than our contemporary of the daily press, we declined to insert a communication proceeding from the same quarter, and at the time reprobated the course pursued. It had been proved at the inquest that the other inmates of the house had eaten of the same food as that partaken of by deceased without injurious consequences resulting. On his cross-examination, the defendant attempted to justify his conduct on the grounds of his honest belief in the complicity of the plaintiff with the cause of death, and the *bonâ-fide* spirit in which he affirmed he had pursued the investigation. He admitted that he was at last convinced of the plaintiff's complete innocence, and at the same time allowed that his letter was written under "excited feelings." The learned Judge, in commenting on the case, observed that Dr. MILLETT had been acquitted "on the most reliable evidence;" that he left the Court satisfied "that everybody who could pronounce an acquittal upon him, had done so;" and proceeded to explain to the jury the legal bearings of the case. "In the absence of a public prosecutor, the law had entrusted to individuals the power of bringing crime to punishment. Having done so, protection was granted to them, which said that if any man had reasonable and probable cause for the prosecution he had instituted, although unfounded, he should be protected; so, also, if he had not reasonable and probable cause, but did it honestly, he should be protected." The question for the jury was not what was the evidence when the whole matter had been concluded, but was there "reasonable and probable cause at the time the charge was made before the magistrates." Two inquiries were involved: first, did the deceased die of poison?—and if he did, had it been administered by the plaintiff? The first was the real inquiry. The learned Judge was particular in telling the jury that "the plaintiff must make out the absence of reasonable and probable cause; and, in addressing themselves to that point, they must look at the evidence of an old existing quarrel between plaintiff and defendant and their non-intercourse, as also the differences between the deceased and his sister—the wife of the defendant." The jury, after consultation, returned a verdict for the plaintiff, with £400 damages.

Perhaps there is not on record another trial similar to this. It is no part of our desire to aggravate the feeling of self-degradation which the defendant must now feel. His conduct has entailed upon him deserved penalties, for there is no doubt the amount of damages will form but a small proportion of the costs he has incurred. His own unhappy personal position is a very trifling matter, and will give concern to but few honourable men, in comparison with the disgrace it reflects on that profession of which he is a member. Of the many cases on which it has been our duty to comment, we know of none so entirely without excuse as this. Rash men have said spiteful things, and been made to suffer for the injury they have occasioned. Foolish men have used silly expressions, and been taught to calculate their cost. Ignorant men have pronounced unwarrantable opinions, and have paid for the additional knowledge they thereby acquired. Credulous men have readily adopted idle tales, and found, too late, the danger of their repetition. The defendant, in his person, has combined these several objectionable qualities with a determined premeditation which caused him (to use the expressions of Mr. COLERIDGE, Q.C.) "to prefer against the plaintiff, with inveterate and deliberate malice, a charge of the most infernal wickedness that the heart of man ever conceived, or the hand of man ever perpetrated." We mistake much the feelings of the profession if the defendant do not find his pecuniary loss the least portion of his penalty.

Many considerations are suggested by this trial, more particularly an inquiry into the slightness of the grounds on which so serious a charge could have been advanced, so as to occasion the confinement of the plaintiff, and his withdrawal from his public and private professional duties. These considerations are of too much importance to be discussed at the end of an article in which an illustration of their operation is disclosed.

We have not deemed it requisite to anticipate the expressions of sympathy with Dr. MILLETT for the wrong and inconvenience he has sustained. No sensible man will think that any imputation rests upon Dr. MILLETT, and we doubt not but that his neighbours and friends will, by their confidence and esteem, abundantly manifest their sense of a character so entirely untarnished by the ordeal through which it has passed.

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A VERY important clinical paper, by Dr. GAIRDNER, of Glasgow, appeared in THE LANCET of the 12th inst. It treats of a question in practical medicine, which, to all thoughtful minds in the profession, must seem one of the most urgent medical questions of the day—namely, the use of alcoholic stimulants in disease. As our principal object in this article is not so much to discuss the question as to direct attention to Dr. GAIRDNER'S paper on it, we will state the facts which seem to us to give this communication a great importance.

Dr. GAIRDNER is, by general consent, regarded as one of the most promising of the present generation of physicians in Scotland. He speaks from experience of vitality and disease in large cities and on a large scale. Formerly connected with the Edinburgh Infirmary, and latterly with the Glasgow Infirmary, he is entitled to speak authoritatively. But there is another feature of Dr. GAIRDNER'S writings which must always command respect, and that is, his great moderation and care, both of statement and inference; the anxious way in which he qualifies conclusions which may seem favourable to his own views, or against the views and practices of others. There has been an unseemly extremeness in the doctrines of leading members of the profession of late years, represented by a lingering faith in bleeding on the one hand, and a newly-acquired belief in brandy on the other. Upon such men as Dr. GAIRDNER will devolve the duty of mediating between the extreme views of the past and

the, perhaps, equally extreme views of the present. We are convinced that the truth lies in neither extreme, but somewhere in the middle, and the sooner it is discovered and applied the better for the credit of medical practice. The paper treats of the use of alcohol in typhus fever, the disease in which, of all others, it has been considered most important.

Three different degrees of stimulation may be considered as discussed by Dr. GAIRDNER. Firstly, that minimum degree of stimulation practised by himself; *at least nine-tenths of the patients having no stimulants at all*, the whole quantity consumed giving, as an average to each patient, during 20½ days, the average period of residence, two ounces and a quarter of wine and two ounces and a half of whisky. Under this treatment, in 1861 and 1862, with a form of fever by no means unusually mild, the mortality was 10 per cent. It is important to notice that in all Dr. GAIRDNER'S fatal cases a very considerable quantity of stimulants was given. Secondly, that degree of stimulation practised in the Glasgow Fever Hospital, which would give an average allowance to each patient with typhus of forty ounces of wine and seven ounces of spirit, and under which 17½ per cent. of the patients died. Thirdly, the extreme stimulation practised by Dr. TODD. Particulars are not given by Dr. GAIRDNER, but it is matter of notoriety, that the cost for wine and spirits in the London hospitals reaches, or did reach, its maximum in King's College Hospital, and that Dr. TODD, in particular, thought nothing of prescribing half an ounce, or even an ounce of brandy per hour in cases of fever. The mortality of Dr. TODD'S cases of typhus, according to Dr. MURCHISON, is 25 per cent.

Excluding adult patients, there is a frightful difference in favour of the non-alcoholic treatment. Amongst the young cases treated by Dr. GAIRDNER, the rate of mortality of 189 unselected cases was "inappreciably small, but say 1·0 per cent." The rate in Glasgow Fever Hospital generally was about 3 per cent. In King's College Hospital, under Dr. TODD, it was about 17·0 per cent. Dr. GAIRDNER thinks very strongly of the injuriousness of stimulants administered to fever patients of immature age; indeed, except in one such case, in which cancrum oris occurred, they were practically withheld. He calculates that if Dr. TODD'S system had been practised in the treatment of his 189 young cases, instead of 1 death there would have been from 30 to 35!

There may be some grand fallacy lurking in these calculations of Dr. GAIRDNER, and alcohol, and lots of it, may, after all, be the panacea which, to judge from the medical fashion of the moment, it is held to be. If so, we shall soon have the fallacy pointed out, and the favourite remedy duly magnified; but we have long had a most disagreeable fear that the lavish prescription of alcoholic stimulants, in London practice especially, would one day be discovered to be a great medical error, only less than the opposite system which preceded it. It has been pushed amongst all classes of patients—rich and poor, women and children; in acute cases, in hospitals and in private practice, money has been most doubtfully squandered over bottles of wine that would have sent the patient once convalescent to the seaside, or that would have paid twice over many an unpaid bill. More serious still is the moral effect which this fashion of the faculty is calculated to have on the public. Still, considerations of mere cost or morals in a life-and-death question are essentially secondary. If there are any physiological or therapeutical facts which can be regarded as amounting to a proof that alcoholic stimulants in large quantities have a saving or curative effect in fever, not to be got in any other way, they must be administered at all hazards and at all cost. This, however, is just the rub. Dr. GAIRDNER seems to suspect that alcohol tends "to poison the blood," and there is certainly much both in recent physiology and pathology to make us doubt whether, the blood being already poisoned, as it is in fever, alcohol is likely to contribute anything to its purification.

We do not wish to go into details here, or to dogmatize, or too hastily condemn a practice which, intelligibly enough, has found so much favour; but if the propriety of it is doubtful, there is nothing so proper as the criticism of it in these columns. The origin of the practice must be mainly attributed to Dr. TODD; but the responsibility of continuing it must rest with the profession in London, which, it is understood, has adopted Dr. TODD'S views. We do not go so far as to say that a case has been already made out for abandoning entirely the administration of large quantities of stimulants in fever, but a most grave doubt is thrown upon the wisdom of the practice by Dr. GAIRDNER'S statistics. We shall look most anxiously to the advocates of high stimulation for an explanation of the fact, that fever in Glasgow, under a very moderate allowance of wine and stimulants, kills only 10 per cent., while in London, under high stimulation, it kills 25 per cent. It will not avail to speak of the low physical condition of the people of London, for any difference in this respect between Glasgow and London must be in favour of the latter. It will not avail to speak of the typhoid type of disease, for it is in typhus itself that Dr. GAIRDNER has found the advantage of a moderate, or, to speak more accurately, an exceptional administration of stimulants; for, we repeat, it is only in exceptional cases that Dr. GAIRDNER gives stimulants at all. Indeed, a fanatical critic might find a striking correspondence between the per-centage of deaths and the per-centage of cases in which stimulants were administered; and a closer inspection of Dr. GAIRDNER'S paper shows a more striking coincidence still, inasmuch as the 10 per cent. of his cases which got a good allowance of stimulants were the identical 10 per cent. which died. We do not construct the syllogism at which we hint out of these tempting materials. We can easily understand that it would be perfectly false, but we very seriously commend the whole subject to the attention of the profession, especially in London.

# Medical Annotations.

"Ne quid nimis."

## ROYAL COLLEGE OF PHYSICIANS.

AT a meeting of the Fellows held at the Royal College of Physicians on Monday, the 21st inst., Dr. Thomas Watson, F.R.S., was elected President for the third time. Fifty-seven Fellows were present, and the election was unanimous. The President, before pledging his faith to the College, thanked the Fellows for the high honour they had conferred upon him—an honour which he believed to be the greatest that an English physician could have the ambition to aspire to, and the renewal of which he regarded as even more gratifying than its first bestowal, as it indicated an approval by the Fellows of the manner in which he had performed the duties of the high office entrusted to him. We congratulate the College and the President alike on the election. Dr. Watson then pro-

ceeded to point out, in a short address, the principal events in which the College had been concerned during the past year. First and foremost stood the address of congratulation from the College to their Royal Highnesses the Prince and Princess of Wales on the occasion of their marriage. The address was presented at Marlborough House by the President, Treasurer, and Senior Censor, and was most graciously received. Secondly, the College had reason to be pleased with the amicable relations subsisting between it and the Government. The Government had consulted the College in reference to the spread of leprosy in certain parts of our colonies, and the College had appointed a committee to draw up a series of questions with the object of aiding the Government in their investigations. The Colonial Secretary had also requested the College to revise their regulations for the construction of hospitals in the colonies, and this matter had been under the careful consideration of the Council. The Government had also submitted to the consideration of the College a remarkable communication received from their Envoy at Rome. The harvest in the Campagna had in former years been gathered in by certain peasants—the Abruzzi—from the neighbouring hills. These peasants lived on very poor diet—chiefly on water-melons; and nearly two-thirds of them had perished annually from the malarious fevers of the Campagna. Last season, from some cause, the Abruzzi did not make their appearance, and it was necessary to employ the French and Papal troops from the garrisons at Rome to collect the harvest. These troops were well fed. Few of them suffered from fever, and none of them died. And if the College had assisted the Government on various occasions, the Government were disposed to act favourably towards the College. The present lease of the College building would expire in 70 years, but for the payment of a peppercorn rent the Government had secured the site to the College for a period of 999 years. During the past year the College had co operated with the University of Oxford in enlarging the sphere of election for the Sherard Professorship of Botany; and it had also been associated with the Society of Arts in the adjudication of the Swiney Prize. This prize, consisting of a silver cup, valued at 100 guineas, and containing gold coins to the same amount, had been awarded to Dr. Henry Maine for his essay "On Ancient Law." The Medical Council and the Association of Officers of the Insane had held their meetings in the College building, and the President hoped that they would long continue to do so. It was a subject of congratulation that the former representative of the College in the Medical Council—Dr. Burrows—had been elected to the high office of President of that important body. Dr. Alderson, the Treasurer of the College, had succeeded Dr. Barrows, while two new members of the Council, elected by the Crown, were Fellows of the College—viz., Dr. Quain and Dr. Parkes. Of the twenty-four members of the Council, it was a remarkable fact that no fewer than seven were Fellows of the College. With this knowledge, the College might rest assured that its interests would not be lost sight of. The College had been occupied at many of its meetings in bringing its bye-laws in reference to medical education into harmony with the recommendations of the Medical Council. A new catalogue of the library of the College, in three large folio volumes, had been completed; and a catalogue of the valuable collection of pictures in the possession of the College was being prepared, and would soon be ready for publication. This collection had been enriched by two additions: a valuable portrait of Sir Richard Blackmore, the celebrated physician and poet; and a medallion portrait of the late Dr. M'William. Since he (the President) had addressed the College on the last occasion of a similar sort, the College had renounced its right to publish the London Pharmacopœia; and the British Pharmacopœia, after a very protracted gestation, had been brought forth. It was not for him (nor indeed did he think himself competent for the task) to draw a comparison between the two works; but he believed that he was expressing a general and deeply rooted opinion when he said that the new Pharmacopœia had occasioned great disappointment and perplexity, and that many of the changes which had been effected were not only injudicious but highly dangerous. The alteration in the name of corrosive sublimate was specially referred to. The President had not been able to master the details of the new work, and he understood that many of the Fellows were in a similar predicament. He recommended them to follow his example in the mean time, and to prescribe according to the London Pharmacopœia, writing the words "*Pharmacopœia Londinensis*," or some abbreviation of them, at the top of the prescription (as we suggested in these columns a few weeks since.) In this way the prescriber and the dispenser would both be saved great trouble, and the risk of mistakes would be avoided.

At the same meeting, the President presented the College with a valuable donation of fifty medical books. With the exception of a copy of his own Lectures, the works were mainly American, and they had come into his hands in a remarkable way. Messrs. Lea and Blanchard, the celebrated American publishers, had published an American edition of his Lectures without permission, and, as they had probably profited by the publication, they, of their own accord, had presented Dr. Watson with the volumes in question. The selection had been made with great care, and the President thought that the works would be of more use on the shelves of the College than in his own library. Dr. Jackson, formerly of Calcutta, presented the College with a volume of medical photographs, comprising six photographs of leprosy and three of hypertrophied scrotum. The donor, in a letter addressed to the College, suggested the desirability of extending this collection, a suggestion which was endorsed by the President.

Dr. Charles Jones, of No. 7A, Manchester-square, a member of the College, intimated by letter that he had executed a deed by which he had changed his name to Charles Jones Perceval.

The College then proceeded to consider and confirm the rules for public general hospitals in the Colonies drawn up by the Council for transmission to the Government. Amongst their recommendations, two are deserving of particular notice. The College has fixed the minimum space for each patient in a ward at 1000 cubic feet, and it has recommended that all cases of infectious diseases, excepting small-pox, should be treated in the same wards as other patients.

Although the President of the College has absolved the Fellows from the sin of delay in mastering the contents of the new Pharmacopœia, let not candidates for the membership or licence expect a similar indulgence. Here is one of the printed questions at the last examination for the membership: "What changes have been made in the following preparations in the British Pharmacopœia—liquor ammoniæ acetatis, liquor morphiæ hydrochloratis, tinctura aconiti, tinctura belladonnæ, tinctura nucis vomicæ, dilute mineral acids?" We doubt if many of the Fellows could have given satisfactory replies to this question.

## THE HEALTH OF LONDON IN 1863.

THE Registrar-General's summary of the weekly returns of births, deaths, and causes of death in London during the year 1863 shows the state of health of the metropolitan population within that period. The death-rate of the year (2·452 per cent.) was slightly (·029) above the average of the last twenty-four years. Taking two decenniads—1840-9 and 1850-9,—in the first the death-rate was 2·51 per cent. of the population; in the second, 2·36. A progressive improvement of ·15 per cent. less in the rate, it is thus seen, occurred during the second decenniad. If the twenty years are divided into quinquenniads, the rates of mortality per cent. of the population were as follows: 2·44, 2·58, 2·41, and 2·30; and in the last four years 2·34. "The mortality," says the Registrar-General, "was low (2·24) in 1860, and since then has slowly increased to 2·45. This fact should arouse the vigilance of the Board of Works; for if they cease to carry out the recommendations of

their health officers, the ground gained will be lost, and London will no longer be the healthiest large city in the world. It must be borne in mind that the loss of life in London was formerly much greater in proportion to the population than the loss of life amongst the English in India; and that its present salubrity is as much the creature of art—imperfect it is true—as the fertility of the soil of Holland, which the sea once covered. If the sanitary dykes be neglected, the three millions of people may again be overwhelmed by cholera, dysentery, and the plague, which are now relegated to the filthy cities of the Mediterranean and of the tropics. What London wants is a constant supply of pure water, well-aired dwellings, drainage, and the removal of all manure to the fields. Grand engineering works sometimes dazzle the understanding, and are accepted as substitutes for substantial efficiency; but they are only of use so far as they discharge these humble but useful functions."

The highest mortality of the year occurred in the Central and East districts; the lowest, in the West districts and the districts south of the Thames. The Registrar-General suggests that the diminution of mortality in the South districts below a previously high average may be owing to the supply of less impure water. The excess of mortality in London during 1860-63 above a healthy average is estimated in round numbers at 6 per 1000 annually, or 17,426 deaths in the year, and 334 weekly.

The slight excess of mortality in the past year was chiefly due to the prevalence of certain epidemic disorders, and particularly of small-pox and scarlatina, which were rife throughout the kingdom. Small-pox, which in 1862 had killed 345 persons, in 1863 killed 2012. Scarlatina, which in 1862 had proved fatal to 3457 persons, in 1863 proved fatal to 5075. The deaths from whooping-cough and diarrhœa were also in excess; but continued fevers, measles, and diphtheria were less fatal.

The mean temperature of the year, as registered at Greenwich, was 1·9° above the average of ninety-two years. The winter and autumn were peculiarly mild. The first was 4·2°, the last 3·2°, above the average; but the summer was 0·7° lower than the average. The rain-fall and humidity of the atmosphere were also below the average; while the barometer was above.

The returns of births showed a rapid increase—in some measure due to improvement in registration. About 44,269 souls were added to the population during the year: 31,062 by excess of births, and 13,207 by excess of immigrants over emigrants.

## CINCHONA CULTURE IN JAMAICA.

OUR readers are well aware, from what we have on several occasions told them, how successfully the culture of the cinchona plant is progressing in the East Indies. We are now enabled to state that it is extremely probable we shall be able at some future day to look also to the West Indies for a continuous supply of one of the most useful remedial agents we possess. We are indebted to a recent number of the *Jamaica Guardian* for some important information on this subject. By it we learn that Staff-Surgeon Daniell has completed some investigations of a provisional character, intended as a test to determine whether the island of Jamaica could not furnish indigenous cinchonoid remedies independently of those imported from foreign sources. These experiments, we are happy to say, hold out the encouraging prospect that by the judicious cultivation of the cinchonas a much greater elaboration of their alkaloid constituents may be educed than those furnished by the same trees in their primitive condition. This is a conclusion, we may remark, partially confirmed by the results of practical inquiries on the plants acclimated in the East Indies. The species of cinchona constituting the subject of these experiments were C. succirubra (a red bark), C. micrantha, and C. nitida (grey barks). The leaves were the parts employed. They were the products of specimens or young shoots transplanted in 1861 from the general depôt of the Bath Botanic Gardens (W.I.) to the "Cold Spring Coffee Plantation" of Jamaica, a locality of above 4000 feet of elevation, well adapted for their development and propagation. In the course of a year one of the hardiest species and shoots gained nearly four feet in height, and all the seedlings were, according to a recent report, in a remarkably healthy and flourishing condition. That one species at least—C. succirubra—can be grown most advantageously also at a lower altitude is clear from the fact that it yields there a richer per-centage of quinine and cinchonine than any other species, not excepting the famous yellow bark, C. calisaya. In the recent inquiries upon the leaves sent by Mr. Wilson from the plantation to Dr. Daniell, the portions in question yielded, according to a rough estimate, as much as 0·75 to 1·00 per cent. of alkaloids, and this leads to the inference that West Indian bark may supply a good average proportion of these febrifugal elements. In their extraction, the formula followed was that of the old Edinburgh Pharmacopœia in the preparation of quinine from yellow bark, on account of the ease and simplicity of the process. As we before remarked, Dr. Daniell's and Mr. Wilson's experiments can as yet be regarded as only provisional. Still thus far the two great problems, whether the climate and altitude of the mountain regions of Jamaica might be found propitious for these invaluable products, or whether under such circumstances they would yield a sufficient supply of febrifugal alkaloids to repay the cost and trouble of cultivation, have been answered decisively in the affirmative.

## THE WARDS OF THE LOCK.

LAST week a prince of the blood, supported by noblemen and gentlemen whose reputation, like that of the Bayard, is *sans peur et sans reproche*, sat down at Willis's Rooms to discuss a savoury dinner and an unsavoury subject.

It was no mere touting dinner, though the announced purpose of the gastronomic gathering, to collect funds for the Lock Hospital, met with a handsome response. The interest of the occasion centered in a predetermined out-spoken recognition of the terrible social mischief inflicted by venereal disease, and of the necessity of some legislative interference.

We described last week the revelations recently made as to the condition of our army and navy, and detailed the alarming condition to which these services have been reduced by the prevalence of venereal disease.

The conclusions expressed in that report and in the speeches at the Lock dinner are in substance much the same as we have urged for years. Any interference to be beneficial must begin with the women who are foci of infection. It were idle to fribble away time in merely making changes which can only have a spurious efficacy similar to that of whitewashing over filth.

## REGISTRATION OF DEATHS (SCOTLAND).

THE medical students of Glasgow have forwarded a memorial to Lord Palmerston, complaining that the laws which regulate the registration of deaths in Scotland differ in a material point from those which are established in England and Ireland. They naturally object that any compulsory clause should have been inserted in the Act for Scotland; and declare that such an exception reflects unjustly on the character and attainments of the Scottish practitioners. It is difficult to understand on what grounds such an exception should have been made. In the absence of such information the prayer of the memorial is entitled to the most serious consideration. That the grievance enunciated by the students of Glasgow is not a mere chimera remains to be seen. Unless a sufficient ground be shown for the exception, the Act of which they complain can only be regarded as an insult to our northern brethren.

# Critical and Explanatory Comments

ON THE

# NEW PHARMACOPŒIA,

INDICATING THE

## EXTENT AND CHARACTER OF THE CHANGES MADE, AND THE RELATIVE VALUE OF THE NEW AND OLD PROCESSES & PREPARATIONS.

### No. VIII.

IN the Syrups of the British Pharmacopœia a great improvement has been effected on those hitherto in use. The directions are so definite, and the guides for ascertaining the proper strength so precise, that there is now no excuse for making an inferior preparation.

In making a syrup it is possible to err on both sides: either too much sugar may be added, so that the syrup crystallizes, and is thus variable in its strength; or it may not contain enough sugar, in which case it ferments and spoils. According to the directions of former Pharmacopœias, it was rather difficult to hit the mark exactly, but by closely following the new formulæ the syrups will always be satisfactory. Each syrup is to be made up to a certain *weight*, so that, as the weight of the sugar and the weight of the syrup bear a constant relation, the result must always be uniform. Should, however, any doubt remain, the additional test of specific gravity is supplied. In one case only—the syrup of phosphate of iron—has this rule been departed from: here the syrup is to be made up to a certain measure. This was probably added by some other hand than that which composed the other syrups. It seems that the Pharmacopœia, after five years being occupied in its discussion, was thrown together *pêle-mêle* at the end, and this would account for the want of unity of plan which we have so often had occasion to point out.

The following syrups, which appeared in the London Pharmacopœia of 1851, have been omitted:—Syrupus althææ, conii, croci, rhamni, sarsæ, and violæ. The new ones introduced are: Syrupus aurantii floris, ferri phosphatis, and hemidesmi. Syrupus aurantii is now made by mixing one ounce of tincture of orange with seven of simple syrup, and the result is a great improvement on the old syrup, both in flavour and appearance.

The syrup of iodide of iron, when made with the very concentrated syrup ordered in the new Pharmacopœia, keeps very well, particularly in bottles which are kept full. It is of the same strength as formerly.

The syrup of phosphate of iron is made by dissolving the precipitated phosphate of iron in dilute phosphoric acid, and then adding sugar to the solution. Heat must not be employed, or a great portion of the phosphate of iron will be thrown down. The pure phosphoric acid made by the Pharmacopœia process must be used in preparing this syrup. Dilute phosphoric acid is not unfrequently prepared by dissolving the glacial phosphoric acid imported from Germany in water, and diluting to the specific gravity ordered by the Pharmacopœia; but such an acid will not do for making the syrup. When made in this way it soon becomes opaque, and even when filtered goes on depositing for a long time.

Syrupus hemidesmi is the one preparation of hemidesmus. There seems to have been little reason for putting this plant into the Pharmacopœia at all. Its common name is Indian sarsaparilla, but in fact it is not a sarsaparilla, nor has it anything to do with sarsaparilla. The syrup was an Irish preparation.

The flavour of syrupus limonis will be found much improved by the addition of the lemon-peel; formerly it was made with the lemon-juice only.

The formulæ for syrupus papaveris and syrupus sennæ are greatly improved. These syrups, when made according to the London Pharmacopœia, began to ferment the next day, and it was impossible to keep them any length of time without the cork being blown out, or the bottle bursting. The fermentation was induced, in the case of the poppies, by an albuminous matter precipitable by alcohol. The infusion is therefore now evaporated to a small bulk and mixed with about a third of its volume of rectified spirit, and filtered; the spirit is then drawn off and the sugar added. The syrup made in this way may be preserved for any reasonable time. In the London Pharmacopœia of 1836 white sugar was employed for making syrupus sennæ, but in 1851 treacle was substituted. The syrup likewise contained manna, and was altogether a most inelegant preparation. That of the British Pharmacopœia, which contains nothing but senna and sugar, slightly flavoured with coriander, is all that can be desired. In this case also the preservation of the syrup is ensured by means of spirit.

Syrup of roses is now made with dried red roses, instead of the fresh petals of the damask rose. It is the syrupus rosæ gallicæ of the Edinburgh and Dublin Pharmacopœias. This is also a good syrup. Syrupus tolutanus remains as before, but syrupus zingiberis is prepared in the same way as syrupus aurantii—viz., by mixing one ounce of tincture with seven of syrup.

In making tinctures the method of maceration always yields a very good result, and is applicable in all cases. The same cannot be said for the method of percolation. This plan is no doubt very effective in certain instances; it is, perhaps, even superior to maceration for those substances which can be readily reduced to powder of a certain coarseness, and which permit a tolerably free passage of the menstruum. But such materials as hops or fresh lemon-peel, senna or raisins, are hardly suitable for such treatment. The British Pharmacopœia has, notwithstanding, applied the process of percolation even to these substances. In very few instances is the old plan of maceration retained. These are—tinctura aloes, assafœtidæ, benzoini co., camph. c. opio, castorei, guaiaci ammoniata, kino, lavandulæ co., lobeliæ æthereæ, opii, tolutana, and valerianæ ammoniata. In every other case percolation is ordered. It is the usual practice, in making tinctures by percolation, to finish the process by displacement—that is to say, instead of removing the last portions of the tincture by pressure, as the Pharmacopœia directs, water is poured on the top of the material, and the residual tincture is thus driven out or displaced. But to do this without injuring the tincture requires rather a practised hand, otherwise the matters soluble in water but not in spirit are apt to get into the tincture. We therefore prefer—but not on the score of economy—the plan of the Pharmacopœia, though, if this be followed, it is hard to see in what essential respect the process differs from maceration with expression. We cannot, however, approve of the recommendation to make up with spirit the original quantity employed in the case of those tinctures which are directed to be made by maceration. The insoluble marc will retain a certain quantity of the tincture of the same strength as that which is pressed out. Now, if only the expressed tincture were employed it would always be uniform in strength; but the strength of the Pharmacopœia tincture will depend on the amount of pressure employed, for sometimes more and sometimes less spirit will have to be added to bring it up to the required measure.

In the tinctures of the new Pharmacopœia great alterations have occurred, and although the changes made are sometimes pointed out, many considerable alterations are allowed to pass unnoticed. It would have been better if the Pharmacopœia had not called attention in some cases to the change of strength, because the reader will be apt from this to conclude that where no remark has been made the preparation remains as before. But the Pharmacopœia is not to be relied on even in those instances where it undertakes to state the difference between its own and former preparations of the same name. We need go no further than the very first tincture—tinctura aconiti—for a specimen of this inaccuracy. This tincture is there stated to have "half the strength of the tinctura aconiti, Dub." The fact is, it has only a quarter the strength of the Dublin preparation, which contained the active matter of ten ounces of aconite root in a pint of tincture, while the British Pharmacopœia only employs two ounces and a half to produce the same quantity. The alterations in many of the tinctures are manifestly made with a view to equalizing the doses as much as possible. As a general rule, the Dublin formulæ are followed, from which we may conclude that the Irish section of the Committee may be held responsible for this part of the book.

Tinctura aurantii is still made, as formerly, with dried peel and proof spirit. A tincture thus prepared is very inferior to one made with fresh peel and *rectified* spirit. The water of

the peel is sufficient to reduce the spirit to proof, and the aromatic qualities of the tincture are not injured by previously drying the peel. Tinctura calumbæ is about fifty per cent. stronger than before, following the Dublin Pharmacopœia. Tinctura cardamomi is also about fifty per cent. stronger. Tinctura conii is now made from the dried fruit of hemlock, instead of the dried leaves as formerly. We cannot say why this change has been made, and are unaware of any experiments which have demonstrated that the fruit is superior for this purpose to the leaf. Tinctura ergotæ is made about twenty-five per cent. stronger than the Dublin tincture, but with proof spirit, as recommended by that College. The London tincture was made with ether, which extracted nothing but oil. In short, that which was the tinctura ergotæ æthereæ of the London Pharmacopœia is now rejected as worthless by the British Pharmacopœia in making extractum ergotæ liquidum. Tinctura ferri perchloridi is made with the liquor ferri perchloridi and rectified spirit. If the liquor ferri perchloridi be made according to the directions of the British Pharmacopœia, the tincture will not be satisfactory; the liquor will always contain nitric acid, from which it cannot be freed by mere evaporation. When the spirit is added to a solution of this sort, nitrous ether is soon formed, and the tincture begins to change rapidly. We have before called attention to the fact that scarcely enough hydrochloric acid is employed in preparing the liquor, so that a portion of the oxide of iron owes its solution to the excess of nitric acid. When this nitric acid begins to act on the spirit a subchloride of iron is thrown down, which deposit goes on increasing. The tincture is therefore always muddy, no matter how often it is filtered. The old plan of making the tincture with hydrochloric acid and oxide of iron was objectionable, because a great portion of the iron remained undissolved, and the tincture was uncertain in its composition. The remedy provided by the new process is not a success. It seems to have escaped the notice of the Pharmacopœia Committee that perchloride of iron is easily prepared, is crystallizable, is perfectly definite in constitution, dissolves without difficulty in spirit, and the solution so formed does not deposit. The crystallized perchloride of iron is free from nitric acid and excess of hydrochloric acid, and, had it been adopted by the Pharmacopœia, would have been a commercial article obtainable at a low price. To those persons who wish to make a really good tincture of chloride of iron, which shall be precisely what the authors of the Pharmacopœia *intended* to obtain, we can recommend the following formula:—Take of crystallized perchloride of iron ten ounces; water, three ounces, or sufficient to make the bulk of the solution ten fluid ounces. Dissolve and add rectified spirit, thirty fluid ounces. The tincture will be about one-third the strength of that of the Dublin Pharmacopœia. It is erroneously described as of one-fourth the strength. Tinct. myrrhæ and tinct. rhei are both rather more than fifty per cent. stronger than the London tinctures. Tinct. tolutana is exactly twice as strong as before, but the change is not noticed by the Pharmacopœia. Tinct. valerianæ is directed to be made by percolation, but tinct. valerianæ ammoniata, which is of exactly the same strength, merely substituting spiritus ammoniæ aromaticus for proof spirit, is to be prepared by maceration. This is surely rather inconsistent.

Of the old Pharmacopœias, only that of Edinburgh gave formulæ for lozenges; but as there is certainly an advantage in having authorized prescriptions for preparing medicated lozenges, the British Pharmacopœia has done well in giving directions for making them.

Trochisci bismuthi will be found a very nice and pleasant way of administering bismuth. Trochisci acidi tannici, and trochisci catechu, will taste rather "physicky"; but trochisci morphiæ, morphiæ et ipecacuanhæ, and opii, may be recommended as convenient for general use.

The Ointments have been much simplified by including under this head the Cerates also. We have, therefore, no longer ceratum as well as unguentum cetacei, &c. On the whole, the ointments may be considered an improvement upon those of previous Pharmacopœias: we may notice unguentum resinæ in particular. Unguenta veratriæ and aconitiæ were very much used before their appearance in the present book; but as no authorized formulæ existed for their preparation, their composition was very uncertain. Unguentum atropiæ is another ointment of this class; and as it is much cleaner and nicer than unguentum belladonnæ, and quite as effective, we cannot understand why the latter was retained. Unguentum cocculi, which is the only preparation of cocculus indicus, might also as well have been omitted, along with some other obsolete preparations (such as unguentum sulphuris co.) which have disappeared. The directions for preparing unguentum hydrargyri nitratis do not state the temperature which the mixture of lard and oil should have when the solution of nitric acid is poured into it. This is a matter of some importance, if a good ointment is required. We have found that 170° is the temperature that furnishes the best results. This is the Edinburgh formula, and it is better than that of London, as the ointment is not so liable to become hard by keeping.

A process is given for the preparation of veratria which will yield a very good result; but it will not answer the purpose of any but a manufacturer to put it into practice, and he would contrive to get out the veratria without the use of so much spirit.

Vinum aloes is about twenty-five per cent. weaker than before, and is flavoured with cardamoms and ginger. Vinum ferri is to be made by dissolving potassio-tartrate of iron in sherry wine. This is an unfortunate attempt at refinement. It has been much the fashion to take old-established medicines, to dogmatize upon their constitution, and then to substitute for them a highly scientific imitation. The effect is not always happy, and it is not so in this instance. Vinum ferri made in this learned way is constantly depositing; so that if the object were to make an iron preparation of constant composition, that object will not be attained. Neither is it a representative of the old wine. The iron in potassio-tartrate of iron is entirely in a state of peroxide, which is not the case with the old vinum ferri, the latter containing a considerable quantity of protoxide. Moreover the whole of the potassio-tartrate will not dissolve, and the wine will contain all the bitartrate of potash it originally possessed uncombined with any iron. Having had an opportunity of comparing the old and new wines, we must say that we decidedly prefer the old. Vinum ipecacuanhæ is about twenty-five per cent. weaker, and vinum opii about fifteen per cent stronger than before.

For making zinci chloridum a process was given in the London Pharmacopœia, but the product would not be white, in consequence of the presence of iron. The process of the Dublin Pharmacopœia is now adopted, in which the solution of zinc is treated with chlorine. This converts the iron into the state of peroxide, which is a far weaker base than the protoxide, and it can then be easily removed by digesting with carbonate of zinc. In preparing zinci sulphas a similar precaution is adopted.

The three Colleges concurred in ordering oxide of zinc to be prepared by calcining the carbonate, and the British Pharmacopœia adopts the same course. But the oxide so prepared is vastly inferior to that made by the combustion of the metal. An oxide of great purity is made by Messrs. Hubbuck, whiter and much smoother and softer than the oxide of the Pharmacopœia, which is always somewhat gritty. This is a matter of some moment for the only preparation into which oxide of zinc enters—the unguentum. Of course it would not have been possible to give a process for making it in this way, as the manufacture requires a special "plant" and experience; but it might have been defined simply as "oxide of zinc obtained by burning the metal." The tests of its purity would remain the same as at present.

Zinci valerianas is prepared by decomposing sulphate of zinc with valerianate of soda, but the details of the process and the characters given in the Materia Medica proceed upon a false assumption. Valerianate of zinc is said to be almost insoluble in cold, but soluble in hot water. The fact is that this is one of those few salts which are more soluble in cold water than in hot, so that a cold saturated solution deposits the salt when heated, and redissolves it on cooling. The salt is not very soluble even in cold water. Valerianate of zinc is the last substance in the British Pharmacopœia, and will conclude our detailed notice of the preparations.

In our next, and last article, we shall discuss the plan for qualitative and quantitative analysis which has been adopted for ascertaining the purity and strength of the different preparations, and shall then consider how much the Pharmacopœia is an improvement on former ones, and to what extent it merits praise or condemnation.

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THE CHALMERS HOSPITAL, EDINBURGH.—The Chalmers Hospital, a new and elegant building recently erected in Lauriston-place, has just been opened. The Directors, with a large number of medical gentlemen, met on Saturday, the 12th inst., at the hospital. The building has been erected and founded in accordance with the will of the late Mr. Chalmers, plumber, in Edinburgh, who left £27,000 for that purpose. The Directors have appointed Dr. A. H. Douglas, Acting-Physician; Professor Miller, Acting-Surgeon; and Dr. J. Clark Wilson, House-Surgeon.

# MEDICAL EDUCATION.

## No. III.

A VERY few years since the Lecturers of a well known metropolitan school addressed the Court of Examiners of the College of Surgeons of England in a document setting forth the existing defects of medical education in England, and forcibly describing the evils of the system of compulsory attendance on lectures without a corresponding requirement as to class examinations from time to time. The recent "Observations" of Mr. Syme echo these complaints, and as a matter of historical interest no less than for the cogency of its arguments and the force with which they are brought to bear upon the solution of a problem still unresolved, we now reproduce this document, which had of course but a very limited circle of readers at the time. The Memorialists set forth that,—

"Under the present system, students are required to attend lectures and hospital practice at a recognised school for a given time. So far as concerns their education at the school, the certificate of attendance is all that is needed to qualify them to present themselves for examination before your Court. The certificate is to the effect that the student has attended a certain course of lectures, or a certain amount of hospital practice. If he have complied with the requirements of the school, and have been present with sufficient regularity in the class-room or in the wards, the certificate, referring as it does simply to attendance, must be granted to him. He has established a claim to it which his teacher has no right to resist.

"It is true that the lecturer may require attendance at the class examinations. But though the student exhibit at them a complete ignorance of the subjects which have been taught, he is not thereby the less entitled to his certificate of attendance. In short, he is not required in any way to give evidence of having studied the subjects on which he is compelled to attend lectures. With regard to the most important branch of medical education—clinical study, it is notorious that the large majority of pupils, although they may walk through the wards, never attempt to make any use of the opportunities presented to them; and yet, according to the present regulations, they are entitled to their certificates of attendance on hospital practice.

"It is a fact well known to your memorialists, and equally so, they believe, to the lecturers of all the medical schools in this country, that the examination for the diploma of your College is no criterion of the diligence or idleness of a student during his attendance at his school. The pupil who has been thoroughly idle, and whose time for two years has been spent in dissipation, is yet frequently enabled, by means of six months' working with a 'grinder'—during which time he sees neither a subject nor a surgical case—to pass his examination and obtain his licence to practise. The pupil on his first coming to London soon learns this, and although he may have begun his studies with the best intentions, which the necessity for steady and continuous work would have fostered, he is often led by his knowledge of the absence of that necessity, to relax in, and eventually to abandon study altogether. The confessions of the students themselves, and their regrets that they were not from the first obliged to work for their certificates, have satisfied your memorialists that this view of the case, which in the present state of things is natural, is also practically true.

"It may also be noticed, that your Court institutes no examination of students in several of the subjects on which they are compelled to attend lectures; as, for example, on Chemistry, Materia Medica, Medicine, and Midwifery. The students who seek only the diploma of your College know that their ignorance of such subjects cannot interfere with their obtaining either certificates from their teachers or the diploma. We find, in consequence, that these subjects are often entirely neglected.

"Your memorialists regard the existing system as quite inadequate to fulfil the intentions with which it was instituted, and, in some respects, as positively injurious to the cause of medical education, and to the moral character of the students. They question even whether it might not be better that students should acquire a knowledge of their profession when and how they can, the fact of their having acquired it being determined by a rigorous examination, rather than that they should be compelled to remain in London exposed to all its temptations, without one check or obligation imposed upon them beyond the mere necessity of being present in body at a certain number of lectures.

"The lecturers at this school have availed themselves of every power which has been granted to them by the regulating bodies. During many past years they have, in all their classes, pursued the system of regularly calling over the names of the students at each lecture, and of reporting those who were irregular to the chief authorities of the hospital. This strict requirement of attendance has no doubt induced some to work who would otherwise have been idle, and the general character of the classes has been to some extent favourably affected by it. But they find that the entire absence of that stimulus which would be given by the conviction that not attendance only, but attention and study, are required to enable a pupil to obtain his certificates, causes too many to lapse at first into indifference, and ultimately into complete idleness; and such, we believe, is the experience of all our medical schools.

"It appears to your memorialists that a reasonable and easy remedy might be found in a slight alteration in the certificates, which would give to the lecturers a power they ought to possess if entrusted at all with medical education. A statement might be added to the certificate of attendance, to the effect that the student has really and *bonâ fide*, to the satisfaction of his teachers, profited by the instruction furnished to him. Were such authority conceded, each school or each lecturer might determine the manner in which the student's knowledge should be tested. The more stringent the regulations (within due limits), the better for the students and for the character of the school.

"The great advantages which appear to your memorialists likely to result from such a plan, are, that each student would be forced to work year by year, or period by period; that on subjects on which he is required to attend more than one course of lectures, he might be obliged so to work as to ensure regular and progressive improvement; and that in the wards he might be obliged to observe for himself so as to be able to pass a clinical examination. An opportunity would also be given for altering the existing prize-system, which is avowedly open to many and great objections. Instead of the present very limited competition for prizes, the teachers would have power to institute a comparison of the relative merits of all the students in the school.

"The plan of frequent compulsory and practical examination, it is true, is not adopted in the case of students of other professions. It may be remarked, however, that many of the colleges in the Universities of Oxford and Cambridge, finding that the university examinations are insufficient to ensure regular study even under the system of discipline and tutorial instruction which characterize a university education, now insist on sessional or annual examinations. And your memorialists deem that such a test of real solid acquirement may be more readily dispensed with in other professions, since the fitness of those engaged in them is more open to general criticism, and ignorance is more readily detected and exposed.

"Your memorialists trust that the statements and suggestions which they have now taken the liberty to lay before your Court may be thought worthy of meeting with its consideration, and that your Court may be induced to take steps effectually to remedy the evils herein set forth, which their conviction of the importance of the subject has induced them to bring under its notice."

The reception which this logical and well-conceived repre-

sentation met from the Court of Examiners also deserves to be recorded. This Court had then (1855) no other reply to make than that they "begged to acknowledge the receipt of the communication from the lecturers of Middlesex Hospital stating that 'the examination for the diploma of the College is no criterion of the diligence or idleness of a student during his attendance at his school.'" No doubt the inditer of the reply chuckled amazingly at the rap over the knuckles which was so dexterously administered to the unfortunate memorialists; but the action of the Medical Council has at least been of this avail, that it has compelled attention to the necessity for considering from time to time the advisable modifications in the system of medical education. As a council of discipline, that body has virtually abdicated its functions; as a legislative council, it has shown a combination of pusillanimity, feebleness, and vacillation (perhaps inseparable from the want of coherence of its parts and the rarity of its meetings); as a council for the compilation of a Pharmacopœia, it has produced perhaps the most costly abortion ever yet sent forth from the press; but as a council of education, it has shown a degree of energy and activity which has already been productive of good results, and is pregnant with promise. The College of Surgeons, under its influence, has already modified its system of examinations, which at the time the memorial was presented was perhaps the most defective in the world; and that those examinations will require further modification in the sense of that memorial is abundantly evident to all who consider the subject. Professor Syme has in his "Observations" hit the same blot. Our respected correspondent of last week agreed that the anatomical examinations are vicious in their form and deceptive in their results, and endorses the Edinburgh professor's complaints on this head.

A leading teacher of the highest eminence in the metropolis has forwarded to us comments on this subject, which go very deeply into the question, and which deserve the most attentive consideration. He says:—

"I agree entirely with the opinion of Mr. Syme and the resolutions of the Medical Council, that the examination in general education ought to be truly preliminary to medical study. I think that, besides the English and Latin languages, that examination ought to include elementary Mathematics, and elicit evidence of some knowledge of Physics and of Botany. Botany in its present state cannot be looked on as belonging to medical education, but the exaction of a moderate knowledge of it would be useful as a preliminary, if the examination be from actual specimens, as illustrative of method and classification, and as promoting the habit of careful observation and diagnosis of natural objects. Of course the examination in so multifarious a subject should be conducted according to a prescribed programme.

"The professional examinations *ought to be so conducted as to qualify both for Medicine and Surgery without* the intervention of separate boards. For a licensed medical practitioner a *double* qualification is a misnomer. Medicine and Surgery rather form the *two halves* of the *one* requisite qualification; and it is little to the credit of the licensing corporations in London that a candidate is forced to submit to multiplied examinations before separate bodies in order to obtain what is elsewhere afforded by a single conjunct board of examiners nominated by two colleges. Again, the recent institution of a Bachelorship in Surgery is *a mistake;* the M.B. degree, inasmuch as it implies full and sufficient examination in Surgery and Midwifery, as well as in Medicine strictly so called, should qualify in all points, and the degree of Bachelor in Surgery should be allowed to drop into desuetude. But, on the other hand, I am totally opposed to Mr. Syme in his desire to see the M.B. degree also suppressed, and to revert to the old Edinburgh practice of making all the graduates M.D.s at once. Some of our best London students are glad to take the M.B. degree as a testimonial of general professional acquirement, and afterwards, wishing to devote themselves specially to Surgery, become Fellows of the College of Surgeons, and would rather not have the title of Doctor.

"Next, as to the important change in the mode of conducting the examinations introduced by the advice of Mr. Syme into the statutes of the Edinburgh University, and as to his reasons for recommending it. There is, no doubt, much truth in what he remarks on the distraction from the work in hand occasioned to a student by the thought of an impending examination on other subjects. I think, moreover, that in Edinburgh and other Scotch universities where the professors have long been the examiners of their own pupils, and each on the subject of his own lectures, examinations of each class, conducted periodically during the session by the professor and an independent adjunct, will be not only more favourable to the efficient working of the student, but more effective; because an examination may be made more searching while the particulars of the matter examined on are fresh in the mind of the examinee. I believe the great object should be to ensure that the subject shall be once thoroughly learnt, so far at least as the student has time and ability to do so. It may, perhaps, in some degree fade from his mind when he is intently engaged with other subjects, but the eclipse will be temporary; while it lasts, however, it will be right and fair, in subsequent examinations, not to trench on ground already gone over. Of examinations on this new plan, however, it will be an indispensable condition that they be conducted largely by means of written papers, so that the results may be accessible to the inspection of some independent authority.

"The new plan will, no doubt, be most favourable to the medical schools of Scotland; for as it is not likely to be adopted in the same shape in England, there will be an obvious advantage to English candidates for Scotch degrees in attending as many as possible of their classes in Scotland—unless, indeed, an arrangement could be devised for the acceptance of an *ad eundem* certificate of examination granted by competent authority in England.

"The scheme is I think inapplicable to England under existing circumstances; but it is much to be lamented that there is in England no established and authorized relation between teachers and examining boards whereby the teacher's testimony to the proficiency, but more especially to the industry, of a candidate might be allowed some weight in an examination. In the present state of medical teaching in England, I see no prospect of this; and, in regard to the Edinburgh plan, I do not see how it could be carried out with the various schools and lecturers in London and the provinces. It appears to me, however, that the object may be in some degree attained by allowing a candidate to present himself at the end of each academical year (if he so pleases) for examination in the subjects of his study during that year, on the condition only that the subjects comprehended in the first part of the professional examination, as now conducted at the Colleges of Surgeons and Physicians, should be passed before the candidate can be admitted to examination on any of those of the second part.

"This plan would cause no difficulty or additional labour to the examiners. To the examiner in Chemistry, for example, it would not matter whether the candidates were first, second, or third year's men; each would come but once before him, as now. In this way the candidate would be able to submit to a more searching examination on one or two subjects, than if his memory were burdened with three or more; and the course of both study and examination would more freely adapt itself to the different mental powers, dispositions, and circumstances of different students. One man, in fact, is able to do as much in two years as another in three, and to the slow man it would be a great and yet not an unfair concession to be permitted to get through by successive steps.

"In conclusion, I am sorry to find myself wholly at issue with Mr. Syme on the question of practical examinations in Medicine and Surgery as distinguished from the elementary branches. I believe that Mr. Kiernan and Dr. Sharpey, as examiners at the University of London, were the first to carry into effect in this country a practical examination in Anatomy. That was in 1840. Nearly all the medical examinations at the University are to a greater or less extent practical. The repugnance felt by Mr. Syme at the idea of subjecting patients to the requisite inspection by candidates at an examination would, I am sure,

be speedily overcome were he to witness the actual working of the clinical examinations of the University of London, and those conducted by the examiners for the Army Medical Service. The good gained by examination on actual cases is by no means to be measured by the evidence of skill or proficiency elicited from individual candidates; it consists in much larger measure in the powerful incentive to earnest clinical study which the institution of such examinations is calculated to afford to students in general."

# Correspondence.

"Audi alteram partem."

## MORTALITY IN HOSPITALS.

*To the Editor of* THE LANCET.

SIR,—Your leading article of February 27th laid so great a stress on Dr. Farr's hospital statistics that I have been induced to examine them with an attention which I should not otherwise have thought necessary; for I believed medical men to be pretty well agreed that conclusions founded only on hospital death-rates, without further facts, were hardly worth examination. I therefore wrote a letter to your journal a few days since, protesting, on this account, against the conclusions which Dr. Farr draws from the figures he has prepared. Allow me now to endeavour to show that even as a basis for comparison between the statistics of different hospitals, Dr. Farr's method is erroneous, and leads to conclusions which are perfectly absurd.

Let me, in the first place, to avoid all ambiguity, state in plain terms what I conceive Dr. Farr's method to be, and the respect in which I understand it to differ from the usual method of computing hospital death-rates. Dr. Farr compares the total number of deaths which have taken place in an hospital in one year with the average daily number of patients in that year, and calls that proportion the annual death-rate. Thus to some hospitals he attributes an annual mortality of 130 per cent., to others of 50 per cent., meaning, as I understand him, that in the former one-third more than the average daily number of in-patients die in the course of the year, and in the latter only half that number. From a small collection of such statistics he is led to the following conclusions:—1. That the cases treated in small hospitals in small towns are far more successful than those treated in large hospitals in large towns. 2. That it is very doubtful whether patients ought to be treated in hospitals at all. I am particular in stating what I believe to be the matter in question, even at the risk of being prolix, in order that I may not be supposed to be misrepresenting Dr. Farr.

Whether Dr. Farr's method be or be not a fair way of stating the mortality of hospitals in comparison with that of other parts of the country, is a question which I shall not run the risk of discussing with Dr. Farr. He is a professed statistician, I am not; nor do I regard the question as one of much importance, and I therefore leave its consideration to those whom it concerns.

But the results of Dr. Farr's process applied to the comparison of different hospitals are so very misleading, that no one who has any practical knowledge of the institutions comprised in his list can fail to see that there must be a fallacy somewhere. I believe that I can point out what that fallacy is.

Dr. Farr's method is to make a ratio between the deaths which take place in the year and the daily average of patients. He neglects entirely the varying rate at which patients pass through the various hospitals. It is in this particular that his method differs from the ordinary one, and it is precisely here that I think the fallacy occurs. Let me give an imaginary illustration first, and then one or two selected from Dr. Farr's tables. There is obviously no reason why Dr. Farr's method should not be applied to parts as well as to the whole of an hospital. The Middlesex Hospital has cancer wards and accident wards. The former are filled with the victims of a slow incurable disease, and as their population gradually dies out it is replenished by other similar cases. All the cases may be supposed to be fatal. The patients, however, if admitted early in the course of the disease, would remain in hospital for very long periods of time. As this is merely an imaginary illustration, we will take the number of beds in constant occupation at 30, and the deaths at one in two months, which would give 6 deaths in the year, and a total in the year of 36 patients. (These are not the exact figures, but they are, perhaps, not absurdly different from the truth.) We will also assume, for ease of comparison, that the surgical accident wards contain 30 beds always full, that each patient remains on an average one calendar month, and that a death takes place every fortnight. This would give 26 deaths in the year, and 360 patients. Dr. Farr's method would give for the cancer wards a mortality of 20 per cent., and for the surgical accident wards a mortality of 86 per cent., and a few such examples put together would convince Dr. Farr that cases of cancer were treated in hospital with much more success than those of accident, that the accident wards were in an alarming sanitary condition, and that it was very doubtful whether accidents ought to be admitted into an hospital at all. The fact that in one case there had been ten times as many patients as in the other would be passed over in his estimate.

But perhaps your readers will suspect that I am caricaturing Dr. Farr's method. Nothing is farther from my intention. I will give an instance from his own list, which (though of course not so glaringly absurd) is, as I submit to you, a mistake resting on exactly the same principle. Two of the hospitals at Liverpool—the Royal Infirmary and the Northern—are cited by Dr. Farr, and I was greatly surprised to see that, according to Dr. Farr's method, the former appeared to be far more healthy than the latter, the annual death-rate given by Dr. Farr for the Royal Infirmary being 83·13, and for the Northern Hospital 128·71.* Everyone who knows the hospitals at Liverpool knows that the Royal Infirmary is a general hospital, receiving exactly the same cases as the metropolitan hospitals, except that fevers are excluded, while the Northern Hospital is chiefly a surgical hospital, and receives principally accidents from the docks and shipping, a large proportion of which accidents are simple fractures, while "chronic cases," both medical and surgical, are excluded by special rule. The hospital enjoys a good reputation for salubrity, and is generally considered at least equal in that respect to the Royal Infirmary. In 1861, 3058 patients were admitted into the Northern Hospital. The deaths given in the Annual Report of the hospital for that year are 110, but as it is expressly stated that 11 were brought dead to the hospital, the real number of deaths in the hospital was 99. This, on the ordinary system, gives a mortality of 3·2. The average daily number in the house for 1862 was 95. I have not the figures on this head for 1861, but will assume Dr. Farr's average to be correct—viz., 101. This would show that the population was changed thirty times in the course of the year. In the Liverpool Royal Infirmary, the admissions in the year 1861 were 2159; the deaths 132, a per centage, on the ordinary method, of 6·1. The average daily number of patients was 184, so that the population was changed between eleven and twelve times. Is it not erroneous to attribute, under these circumstances, a higher rate of mortality to the Northern Hospital? and would not the error become a most pernicious one if it were made to support the conclusion that the Northern Hospital is in a worse sanitary condition than the Royal Infirmary? Everyone acquainted with the two institutions is aware that such is not the case. Now, does not this error in Dr. Farr's statistics proceed from the same cause as the error in the imaginary case of the wards of the Middlesex Hospital—viz., because his method takes no practical† account of the varying nature of the cases, and the varying period of treatment at various hospitals? The fact, of course, is, that the Royal Infirmary is more of a medical hospital than the Northern. There were admitted into the Royal Infirmary, in 1861, 1065 medical cases, of which 76 proved fatal, and 1094 surgical cases, with 56 deaths; into the Northern Hospital only 432 medical and 2626 surgical cases, of which 2205 were accidents. This is exactly the case which I was imagining from the Middlesex Hospital. The longer stay of the patients in the Royal Infirmary gives to its graver cases an appearance of greater success, as compared with the more rapidly-changing practice of the

* Twenty-fourth Annual Report of the Regi-trar-General, p. 205.

† I am exceedingly anxious to avoid in any way misrepresenting Dr. Farr, or endeavouring to attribute to him errors which he has not committed. I feel bound, therefore, to notice that he has not exactly omitted to *mention* this varying period of stay in hospital, but he does not reckon it in his figures. In fact, if he did, his method, as we shall presently see, would be exactly the same in principle as the old method, only less exact. All that Dr. Farr says on this point is as follows:—"The hospitals are filled by a succession of inmates, who remain for a time, varying from a day to a month or a year, and the mortality is often given at so many per cent. on the cases treated. The mean term of treatment varies in different hospitals; in many it averages 30·5 days, or the tenth part of a year. Assuming that term of treatment to be applicable, the mortality of the cases in these hospitals was 5·087 per cent. in 30·5 days; or the hospitals, to every 100 beds occupied, had nearly 87 deaths annually."—Op. cit., p. 230.

Northern Hospital—an appearance as fallacious as the apparent difference in the imaginary case between the cancer wards and the accident wards.

Another instance of the delusiveness of Dr. Farr's statistics may be taken from the comparison of the two hospitals at Bristol, as given in the same table. The smaller (the General Hospital) has a mortality attributed to it of 73·58 per cent.; while the Royal Infirmary has a mortality of only 56·25 per cent. If this fact, again, were used to argue that the smaller hospital is the less fit place for the treatment of disease, I believe a great injustice would be done to it. I think this instance shows, in the first place, that Dr. Farr's method requires much greater care in taking the daily average than he has given to that point. He has assumed that the number of patients in hospital on a given day (April 8th, 1861) may be taken to represent the average; but as the conclusion depends entirely on this figure, every possible care should be taken to ascertain the real average over the whole year, if the method is to be used in practice. I happen not to have the documents of the two hospitals for 1861, but will take 1862.* The figures stand as follows:—

Bristol Royal Infirmary—Average daily number of patients, 208; admissions, 2778; deaths, 145.
Death-rate on Dr. Farr's method, 69 per cent.
" the usual " 62 "
Bristol General Hospital—Average daily number of patients, 114; admissions, 1280; deaths, 58.
Death-rate on Dr. Farr's method, 50 per cent.
" the usual " 4·96 "

This comparison, instituted at a time close to that made by Dr. Farr, gives an opposite result: a fact which shows how uncertain the method is. Here, again, the slight difference in the rate of mortality corresponds to the slightly greater rapidity of passage through the larger hospital, in which the population is changed thirteen times a year against eleven times in the smaller. As far as I know the two hospitals, their sanitary condition is equally good; but whatever difference there may be is certainly not, I should suppose, in favour of the larger and older hospital.

I have selected these instances almost at random, merely because they caught my eye in looking down the table. I think any reader who knows the hospitals I have named will agree with me that the statistics give a perfectly unfair idea of their relative salubrity, if this is to be shown by their death-rate; and I believe that what precedes is sufficient to show where the error arises—that is, in neglecting the average stay of patients. But this is the only peculiarity of Dr. Farr's method—the only thing in which it differs from the method in ordinary use. If the average time of stay were accurately computed, and from this the average number of patients per bed per annum were accurately calculated, it is plain that the product of this number multiplied by the average number of beds occupied would give the number of patients admitted in the year; only that the risks of error would be much increased by this complicated arithmetical process, while the plain method of counting heads is exposed to few risks of error. Of course the number of patients treated to a termination is a more correct basis of comparison.

It seems, then, that Dr. Farr's method fails to give trustworthy data for comparison, because it substitutes the average daily number for the real total of patients admitted; in other words, in so far as the method is original it becomes for medical purposes untrustworthy.

Perhaps it may be said that Dr. Farr's statistics are matters of totals and averages, while my criticisms have dealt only with separate items; and that in large numbers individual errors will neutralize each other. This may be true in some things, but not, as far as I know, in matters of account. I never heard that in an arithmetical account a calculator who was detected in one error was subjected to the further suspicion of having made an equal and opposite error on the other side of the account. Dr. Farr's list is a simple arithmetical account; if there are errors in any part of it, the result is vitiated. Again, Dr. Farr's list does not deal with any large numbers. He divides hospitals into three classes, one of which contains only five items, and another only four. In such short lists as these any error tells at once on the total. But still further, I would say that if there are any serious errors in Dr. Farr's deductions, such errors are fatal to the method. I have made no doubt that Dr. Farr's method is arithmetically unobjectionable, and that his figures are correct. If so, any error can only be introduced by a vicious principle, and destroys the credit of the method entirely.

But if it were true that this method could not be judged of by individual instances, what would be the use of it? If it cannot give us correct information about the relative practice of the hospitals with which we are familiar, how can we trust it to give us trustworthy prognostications of the success of hospitals which are yet in the future?

Allow me, however, again to repeat my conviction that the death-rate of an hospital is the product of a great variety of causes, of which the sanitary condition of the hospital is only one—and is one whose action is least conspicuous in producing the result.

I have written a great deal more than I intended on this subject, although I have by no means exhausted the numerous objections to which Dr. Farr's method and remarks are liable.

I am, Sir, your obedient servant,

Queen-street, May-fair, March, 1864. T. HOLMES.

* I may notice, that Dr. Farr's tables appear to be constructed for the official year (from April, 1861, to April, 1862), and therefore none of his figures exactly correspond to those of the hospital documents.

## ARMY MEDICAL OFFICERS.

*To the Editor of* THE LANCET.

SIR,—Having just read the suggestions of your correspondent in THE LANCET of the 5th inst., I am induced to send you my views on the subject, and trust you will kindly give them space in your next issue, should you deem them important, or as containing any new suggestions.

1st. The views of your correspondent accord with mine, with the exception of the second paragraph, which would not meet the wishes of the Department, nor remedy the existing evil. I would recommend as an amendment that medical officers should have the right to claim retirement after twenty years' full-pay service on a pension of 16*s.* 6*d.* per diem, and that those serving twenty-five years should retire on 20*s.* per diem.

2ndly. That assistant-surgeons, who represent as a class the majority of army medical officers, and who have to perform the greatest amount of the drudgery, both on the staff and in a regiment, should receive after five years' service 12*s.* 6*d.* per diem, and the relative rank of captain; and that on the completion of ten years' full-pay service they should be styled surgeons and receive 15*s.* per diem. The two latter rates are those accorded to the Commissariat Department,—although on what grounds a body of War-Office clerks receive a higher rate of pay and precedence in the army list than a body of educated and professional gentlemen is a puzzle, not only to me, but to many medical officers whom I have heard speak on the subject.

3rdly. That we should be placed in our proper position according to our relative rank in italics in the Army List, and not after the engineers &c., as well as after the paymaster, who is often, and the quartermaster, who is almost invariably, a man from the ranks; that we should be restored to our position as "regimental staff officers," which has been omitted from the last edition of the Queen's Regulations; and that we should have our proper place at mess, on boards, &c.

4thly. That we should be exempt from the galling annoyance of attending musketry practice *on the rifle range*, as accidents very rarely, if ever, occur, and even when they do the man is taken or sent to the next military hospital, which can be accomplished as well without the presence of a medical officer; but in case of his being required he is available on a few moments' notice, there being nearly always a medical officer stationed in the vicinity of the range. No one but he who has experienced it can realize what annoyance this unprofessional duty causes a medical officer, who has no interest whatever in the duty, and the only individual on the ground, inclusive of officers and men, who has not. He is exposed to cold and weather equally with the musketry instructor, who is constantly moving about, and feels interest in his work, and who receives forage for a horse, and extra pay. The former a medical officer rarely gets, and never the latter. This duty has now been carried to such a pitch that even when a medical officer is blue with cold (after having, perhaps, been some hours standing and exposed on the range) he is often told by the senior combatant officer present that "he must not leave even for a short time, as a shot shall not be fired in his absence!" Thus he not only loses his health and valuable time which may be usefully employed elsewhere, but he is an object of ridicule to officers and men, and expected by the authorities to "keep pace

with the progress of medical science." This exposure and annoyance has been brought to the notice of the authorities very recently, who have in consequence directed that in future staff and regimental assistant-surgeons shall share the duty alternately (by weeks) at all stations. But this does not remedy it, but only causes *all* assistant-surgeons to be exposed to *this great annoyance* instead of individuals as formerly.

5thly. That we should not be mulcted of our small pittance, and compelled to refund money for extras ordered by us *conscientiously*, and in the due performance of our duty to our God, our fellow men, and the service generally, as well as in accordance with the solemn obligation we owe the universities and colleges from which we have obtained our degrees and licences—not to speak of the absolute necessity there exists for their issue to the sick and dying, many of which cases would prove fatal only for their issue. In the name of common sense and humanity, Mr. Editor, when will the authorities cease such oppressions?—and how can they expect professional gentlemen to enter the service when such a state of things exists? After the disasters of the Crimea, it was hoped medical officers would be less fettered in future. But, instead of this, a code of *ten* diets have been recently framed by a set of War-office clerks, termed "Purveyors," to save themselves trouble, and a medical officer must confine himself to those diets in prescribing for his patient, although there may not be a single one applicable to the case. Should he transgress, and order an extra on a diet not authorized, he is ordered to pay up to the War Office, perhaps a year or two afterwards, when all connected with the case has gone out of his head, and he can only consult books and diet rolls for an explanation! The "Purveyors" in question, instead of being assistants to the Medical Department and under their orders (as it was originally intended they should be, to perform the rough clerical work), are no such thing, but the greatest bugbears to the department, and delight to assert their independence and give medical officers every kind of annoyance whenever they can possibly do so.

6thly. That when we consider it necessary to order wine, arrowroot, &c., (as allowed by regulation,) to the wives and children of soldiers under our care, we may be saved the degradation of being obliged to get the commanding officer's *sanction and signature* before we can issue them; as nothing can be a greater insult than this, which implies we are not worthy of trust. Further, that when we do make such issues (under similar circumstances as the cases of soldiers already referred to), we may be saved the unnecessary annoyance of being obliged to enter the cases at full length in the "Case-book," and then detail our reasons for ordering them.

7thly. That the above may be cancelled, as well as a heap of unnecessary clerical work which we daily have to perform. Every venereal case has to be detailed, as well as every case where we deem it necessary to order even such an inexpensive drink as lemonade or *barley water;* so that a medical officer is so worried and disheartened that he has not time to read-up, study, or register really important cases, which would be not only a credit to himself, but interesting and useful to the public and profession generally, if published in the medical journals.

8thly. That the second assistant-surgeons of the regiments at home and of those in the colonies, which were withdrawn within the last three years, should be forthwith re appointed, as it does not appear on what grounds an unfortunate assistant-surgeon should be a slave, and daily and hourly on duty. Even on Sunday, when tradespeople, mechanics, shopkeepers, &c., not to speak of the private soldiers of the regiment, are off duty, he has his visits to pay without any relaxation whatever, in contradistinction to all other branches and classes in the service of her Majesty.

In conclusion, I feel confident that the above represent the real causes of discontent in the Army Medical Department; and until they are redressed, I think the authorities cannot expect to get first-class professional men to enter the service. Under the present *régime* the pay, the position, the promotion, and the retirement are not at all adequate to talent, or the forfeiture of the twenty-five best years of a man's life.

I am, Sir, your obedient servant,

March, 1864. CONSILIO MANUQUE.

## MORTALITY OF PARTURIENT WOMEN.

*To the Editor of* THE LANCET.

SIR,—Having frequent occasion to inquire into the medical history of members of the labouring classes, I have long been struck with the fact that a very large number of women die in giving birth to their children, or from diseases that are the immediate consequences of parturition. Desirous of making some accurate computation of the comparative numbers of deaths from this cause, I have for some time past noted down the causes of death of the mothers of those candidates for employment in the minor establishment of the Post-office, whose certificates have been sent for my inspection.

I find the proportion of women who died in childbirth so large that I think the fact should be brought to the knowledge of the profession generally. It should be stated that all the women whose cases I refer to lived and died in the country—none of them in London. They relate entirely to the mothers of those young men who have, through the interest of members of Parliament or other influential persons, obtained nominations for employment in the provincial post-offices. The statement of the cause of death was always made in writing by the candidate—the son of the deceased.

I commenced taking the notes on the 20th of November, 1861, and have continued them up to the present day—the 18th of March, 1864, a period of two years and five months. I have kept no account of the total number of the other candidates examined during that period—that is, of those whose mothers were alive. It would, perhaps, have been as well to have done so. I merely registered the cases of all those mothers who were dead from any cause at the time the sons obtained a nomination. Where the cause of death was "unknown," I placed it in every instance amongst those who did not die in childbirth.

The number, then, of the mothers who had died from all causes was 225. Of these 90, or exactly two-fifths, had died, according to their sons' information, in childbirth, or from some disease immediately following and directly connected with that event.

As these statistics relate exclusively to provincial candidates, not seen and examined by myself, but by local medical men, by whom the statements are transmitted to me in regular course, I have had no opportunity of inquiring into any details connected with the deaths. If I had had such opportunity, I should have been anxious, among other points, to ascertain what proportion of these women had been attended in their confinement by properly qualified medical practitioners, and what proportion by women acting as midwives, &c. From inquiries I have made on this subject, however, from candidates of similar class and position, I am inclined to think that a large proportion must have been attended by midwives. Let the causes, however, be what they may, I think the fact that so large a proportion as two-fifths of all the deaths of the mothers occurring from an event which is normal, and should be the cause of death to few or none, deserves the notice of the profession at large.

I am, Sir, very faithfully yours,

WALLER LEWIS, M.R.C.P.,
Medical Officer-in-Chief, General Post-office.

Medical Department, General Post-office, March, 1864.

## "LITHOTRITY WITHOUT INJECTIONS."

*To the Editor of* THE LANCET.

SIR,—I can, with confidence, add my testimony to the value of the practice, advocated by Mr. H. Thompson in THE LANCET of the 20th ultimo, of performing lithotrity without the preliminary injection of the bladder. This practice is, however, more extensively adopted than Mr. Thompson seems to be aware of.

In THE LANCET of the 12th inst. Mr. Pollock has shown that in his own practice he has for some time discontinued the use of injections before introducing the lithotrite.

In a paper which I published in a contemporary journal of December 10th, 1859, the following passage occurs:—"In the fifteen cases (of stone treated by lithotrity) in Table 3, the number of 'sittings' in fourteen is recorded, the smallest number being two, the largest, twenty-two, and the average number in each case about six. In all these operations the utmost gentleness of manipulation was practised, and this was much promoted by using a screw lithotrite, as small and light as was consistent with sufficient strength. The patient was generally laid on a couch, the pelvis being raised by pillows. Before the operation the patient was desired to allow the bladder to become as fully distended with urine as it could easily bear. By observing this precaution I have very rarely had to inject the bladder with water. The irritation caused by the introduction of a second instrument was thus avoided, and I have imagined that the bladder is more tolerant of the presence

of urine than of the foreign fluid water. For this practical suggestion I am indebted to the writings of Mr. Syme."

I have, moreover, in all cases of stone which I have treated by lithotrity, invariably abstained from washing out the bladder to bring away the fragments, and have allowed the bladder, unaided, to expel them. I am well aware that cases may occur in which the contractile power of the bladder is so deficient as to render necessary the employment of the catheter and syringe. I have long discontinued the use of the pillow under the pelvis as being unnecessary.

It is desirable, as stated by Mr. Pollock, that the inaccurate word, "sittings," as applied to the several operations, should be discontinued.

I am, Sir, your obedient servant,

Leeds, March 15th, 1864. THOS. P. TEALE, F.R.S.

## POOR-LAW MEDICAL REFORM ASSOCIATION.

*To the Editor of* THE LANCET.

SIR,—I perceive by last week's LANCET that Mr. Prowse, of Amersham, has very kindly proposed a subscription not only towards the funds of the Association, but also "as an acknowledgment of my past services," and that you should "become the recipient of the fund." To him personally I feel greatly obliged for the proposal, but I should infinitely prefer that all subscriptions went towards the general funds of the Association, as we may have need of them should the Select Committee on Poor Relief make their report to Parliament in favour of our views, as then active measures, either on the part of Government or ourselves, ought to follow, and for the latter we should be prepared; but should it be unfavourable—which, however, I can scarcely credit, as it would be contrary to all the evidence laid before the Committee, excepting that of Mr. Cane,—then I should feel that I could no longer be of service to my medical brethren, and that the time had arrived for me to retire from my present position as chairman of the Association, and give a final account of my stewardship.

I see by "Knight's Official Advertiser" that the Select Committee on Poor Relief have had three sittings, and it is understood that they have determined not to examine any further witnesses, and are now considering their report.

Since March 9 h I have received the following subscriptions: J. G. Dorge, Launceston, 5*s.*; Joseph Toynbee, Savile-row, £1; J. A. Ledgard, Wetherby, 5*s.*; G. Pound, Ash, 5*s.*; W. Pritchard, East Retford, 10*s.*; J. T. Barrett, Ashton-under-Lyne, 5*s.*; H. B. Harris (Watton post-mark), 2*s.* 8*d.*; W. S. E., 1*s.*; C. Mott, Chertsey, 10*s.*; G. Bury, Barnet, 10*s.*; A. Benine, St. Thomas, 2*s.* 6*d.*; R. Roe, Barton-upon-Irwell, £1; D. Dorming, Barton-upon Irwell, £1; H. Adye, Barton-upon-Irwell, 10*s.*; J. L. Fletcher, Barton-upon-Irwell, 10*s.*; J. Rogers, Strand, 10*s.*; T. F. Greenwood, Southwell, 2*s.* 6*d.*; F. J. Brown, Rochester, £1 1*s.*

I am, Sir, yours obediently,

12, Royal-terrace, Weymouth, March, 1864. RICHARD GRIFFIN.

## DR. MACLOUGHLIN'S PAMPHLET.

*To the Editor of* THE LANCET.

SIR,—With reference to your notice of my pamphlet, entitled, "Proofs of the Non-existence of a Specific Virus," which appeared in THE LANCET of the 12th instant,—I am aware that when Dr. Harvey announced his discovery of the circulation, the Royal College of Physicians of London pronounced him to be a quack; when Dr. Jenner announced his discovery of vaccine lymph he was branded as an impostor; and when, with the valuable assistance of the Registrar-General, Major Graham, and the gentlemen of his department, it had been demonstrated that cholera is not a disease of sudden invasion, but that every individual has a warning by a diarrhœa for a few hours, or for a few days, or for a few weeks, that he is about to be attacked with cholera, and that if this warning stage is promptly cured, the developed stage is prevented, and life is safe; and that while cholera is epidemic, it is dangerous to administer one-half, or one third, or one-quarter of the usual dose of a purgative medicine, lest diarrhœa, too often followed by hopeless cholera, is induced; and that administering sixty-grain doses of calomel every hour, or every second hour, assisted the disease to destroy life,—the Royal College of Physicians of London ignored these researches, although they were proved to be correct by the researches of all the medical practitioners in charge of hospitals &c. in England and Scotland in 1854.

Like the Royal College of Physicians, you have judged of the value of the facts brought forward in the above pamphlet from your point of view, and I have no right or wish to find fault with you; on the contrary, I have to thank you for what you have said relative to that pamphlet and relative to its author. You have done both an essential service, and medical science a greater. But as, from an interview, *at his request*, I had, on the 5th instant, with Mr. Romaine, the Secretary to the Admiralty, I have reason to believe that the Government will order an inquiry into the pathology of this so-called syphilitic disease, before going to the House of Commons for legislative measures; therefore, as you have but one object in view—the advance of medical science,—I trust that you will feel it but fair that I ask you to insert this letter, requesting the medical public to suspend their judgment on the question at issue till the Government inquiry alluded to has pronounced its verdict.

I am, Sir, your obedient servant,

DAVID MACLOUGHLIN, M.D.,
Member of the Legion of Honour.

Bruton-street, Berkeley-square, March, 1864.

*** Dr. Macloughlin's statements and inferences are equally incorrect. His views on cholera have not been found to be correct, but, on the contrary, have been proved to be ludicrously wrong. Only one judgment can be passed on his pamphlet: it is a tissue of self-seeking and ignorant nonsense, ill-written, and without anything like ordinary reasoning power. Any commission appointed will of course be composed of competent medical authorities, and will arrive at reasonable conclusions; but, as a rule, commissions on subjects of scientific discussion add nothing to the stock of information or to the progress of science.—ED. L.

## ROYAL UNITED SERVICE INSTITUTION.

ON the evening of the 21st inst. Professor MACLEAN delivered a lecture at the above Institution "On the Influence of the Present Knapsack and Accoutrements on the Health of the Infantry Soldier."

Dr. Maclean introduced his subject by some observations on present errors in military costume, and the serious amount of suffering, sickness, and mortality that could fairly be traced to this cause. The lecturer then briefly touched on the prevalence of consumption and diseases of the circulatory system in the army. Confining his attention to the latter, he stated that nearly 900 men had been discharged from the service within the last three years at Fort Pitt and Netley alone under this head, a large proportion being mere lads of less than three years' service. Dr. Maclean then briefly passed in review the causes that might be supposed to influence the production of heart diseases to such a great extent among young soldiers. Adverting to rheumatism, intemperance, and excessive smoking, the Professor demonstrated that a large number of the cases could not be accounted for from the operation of any of these causes.

Taking up the skeleton of the trunk, the lecturer, in a popular way, gave a brief description of its construction and of the movements of the chest in respiration. Dr. Maclean then proceeded to inquire how far these movements were interfered with by the present knapsack and accoutrements, and, with the aid of drawings and a figure in the full costume of the Grenadier Guards, showed the mischievous constriction to which the chest of the soldier is subjected; how impossible it is for the chest to expand upwards, downwards, and forwards. From the pathological collection at Netley Dr. Maclean showed a preparation of a soldier's heart with a large circular white spot on its external surface, and mentioned that few soldiers whose bodies are examined post mortem at Netley are found without more or less of this white substance. So common is it, that it is usually designated in the Netley post-mortem rooms, the "soldier's white spot," or "corn," and that it is the opinion of the medical officers of that hospital that it is due mainly to friction and pressure.

The Professor then passed in review the different knapsacks in use in various foreign armies, particularly those in use in the French and Prussian services, and showed how superior they are in principle and construction to our own. He then examined in succession various packs suggested by different officers, giving a decided preference to the valise of Sir Thos.

Trowbridge, which, Dr. Maclean contended, fulfilled all the requirements previously laid down as essential, and declared that, in the opinion of the lecturer and his colleagues, the Professors in the Army Medical School, Sir Thos. Trowbridge had hit upon a pack that could be worn without transgressing right mechanical and physiological principles. In this part of his paper Dr. Maclean quoted from several reports previously addressed by his colleagues on this important subject to the military authorities.

The Professor concluded his lecture, which was listened to with attention, by earnestly calling on military officers in command to inquire into this question for themselves, and to make experiments, so as to lessen as much as possible the suffering and inefficiency traceable to the present knapsack and accoutrements.

## POOR-LAW MEDICAL FUND.

MR. PROWSE, one of the surgeons to the Amersham Union, in accordance with a suggestion he made in a late number of THE LANCET, has forwarded to us six shillings which he has collected towards the fund for presentation to Mr. Griffin. Mr. Prowse states in a communication to us: "A similar sum I forward by this day's post to Mr. Griffin, at Weymouth, towards the fund for his current expenses. Will you be good enough to announce this in your next publication, so that gentlemen in all parts of the country may see that a beginning has been made, and that by a little exertion on their part a great good can be accomplished. I trust there will be no further delay on the part of the great body of Poor law medical officers in subscribing so small a sum as one shilling to each fund, thereby doing an act of justice to themselves, and to their undaunted leader. There will surely be found one district medical officer in every union in the country who will exert himself on this occasion and take the trouble to collect. Gentlemen generally do not seem to be aware of the great exertions made by Mr. Griffin for so many years, not only in our own cause but in that of the poor; and that the thanks, and more than thanks, are due to him from the right minded men of all ranks, and even from those who differ from him in opinion."

The example thus set is worthy of being followed by the Poor-law surgeons throughout the country. Fully agreeing with the view expressed by Mr. Prowse, we shall be happy to forward the object in every way. Subscriptions to the Griffin Fund will be received at THE LANCET Office.

## THE FLUSHING LUNACY CASE.

BODMIN, MARCH 16TH.—(*Before* Mr. Baron MARTIN.)

SAMUEL PORTER was indicted for having ill-treated and wilfully neglected Robert Porter, an alleged lunatic.

A sufficient notice of this extraordinary case has already appeared in our columns; we therefore only state that the facts were sufficiently proved to lead to a conviction.

The prisoner's counsel, Mr. Cole, raised a point of law, contending that the case did not come within the provisions of the Act, as there was no evidence to show that the prisoner had undertaken the care of the lunatic for hire or gain, as in the case of the keepers of lunatic asylums. He also adduced evidence which, although it left the main features of the case untouched, tended somewhat to modify the facts.

The learned Judge, in his charge to the jury, was of opinion that the case came under the common law: if a person took upon himself the charge of a helpless human being, although there might be no obligation on him to do so, he was bound to pay proper attention to him, and would if injury resulted be liable to punishment.

The jury returned a verdict of Guilty, at the same time recommending the prisoner to mercy on account of his ignorance of the law.

The Judge deferred passing sentence until the Court above should decide the point raised by Mr. Cole. In the mean time he ordered the prisoner to be bound over, himself in £500 and two sureties in £250 each, to appear to receive judgment when called upon.

# Parliamentary Intelligence.

## HOUSE OF COMMONS.

MARCH 17.

### MEDICAL OFFICERS IN INDIA.

Mr. BAZLEY asked the Secretary for India why medical officers of her Majesty's British and Indian Armies were deprived of the substantive pay of their rank in India; why medical officers of the Indian Army, of ten and fifteen years' service, ranking with captains, received when on sick furlough merely the pay of a subaltern; and when the 900 medical officers of the late Company's army, whose services were transferred to the Crown in 1857, would be informed of what their future prospects are to be as regards rank, pay, and pension.

Sir C. WOOD replied that medical officers in India were paid upon a totally different scale from medical officers in this country. The whole subject had been under the consideration of himself and Council, and not long ago he stated that they were prepared with a general plan which would put things on a more satisfactory footing. Some further steps, however, required to be taken before that plan could be carried out.

### GOVERNMENT ANNUITIES BILL.

Sir M. FARQUHAR moved that the Bill be committed to a Select Committee. He complained of the slur cast upon insurance offices and other societies in the speech of the Chancellor of the Exchequer on the second reading of the Bill, and contended that they were entitled to be heard in their defence.

The amendment was seconded by Mr. HORSFALL.

Mr. HODGKINSON thought the Bill might do a considerable amount of good, and it could do no harm.

Mr. SALT believed that, on the whole, this Bill would be a great benefit to working men, though he had some hesitation as to the operation of the second clause.

Sir F. GOLDSMID objected to the proposal of the Government relating to life insurance. Working men should be taught to distinguish between sound and unsound societies, instead of Government undertaking the business of life insurance, which the people were capable of conducting themselves.

Mr. S. ESTCOURT, while highly approving the object of the Bill, urged a variety of objections to it in its present shape. He believed that the Bill would do very little harm to friendly societies properly so called, because he did not think the working class would take advantage of it.

Mr. GÖSCHEN said he was so convinced of the wisdom and policy of this measure that he felt assured it would ultimately be popular. Very strong and weighty objections had been urged against the Bill, but all these objections could, he said, be satisfactorily met. He classed the objections under five heads, which he discussed in their order. One of the strongest grounds of opposition to the measure, he observed, was that it would result in a loss of revenue; but, examining the elements of successful insurance, and the probable expenditure, he showed that there would be an ample margin of security against loss.

Mr. AYRTON moved the adjournment of the debate.

The CHANCELLOR of the EXCHEQUER said, if it were meant that the Select Committee was merely to consider the clauses of the Bill, he was prepared on the part of the Government to consent to the amendment.

Ultimately, however, after a short conversation, the debate was adjourned.

MEDICAL TRUST BETRAYED.—A practitioner of Paris had latterly under his care a gentleman labouring under a venereal complaint, and (what is, we are glad to say, seldom the case on the part of medical practitioners) betrayed his secret. The patient brought an action against the doctor, and the verdict was as follows: One year's imprisonment, £20 fine, and, after the expiration of the year, the prisoner shall remain for five years under the control of the police authorities. As the patient was a great loser by his medical attendant's indiscretion, the latter shall also pay £40 damages, and if unable to pay shall be kept in custody for one year.

BRITON MEDICAL AND GENERAL LIFE ASSOCIATION.—At the annual meeting on Thursday, the 17th inst., the report stated that 2328 policies had been issued, yielding in premiums £18,372. The total income for the year was £113,681, and the assets now amount to £216,312.

# Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a General Meeting of the Fellows held on the 21st inst., the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—

Bagshawe, Frederic, M.B. Cantab., 21, Connaught-square.
Grant, James Alexander, M.D. Montreal, Ottawa, Canada West.
Witherby, William Henry, Coombe, Croydon.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 17th inst.:—

Colden, Edward, St. George's Hospital.
Edwards, John Henry, Llangefni, Anglesea.
Gandy, William, South-street, Park-lane.
Garlick, William, Park-square, Leeds.
Ides, Daniel, Fairford, Gloucestershire.
Morris, Joseph, Studley, Warwickshire.
Philpot Harvey John, Wilton-terrace, Kensington.
Price, Charles Richard, London Hospital.
Shorland, Edward Peter, Westbury, Wiltshire.
Watts, Algernon Newbegin, Westminster Hospital.
Whitehead, Walter, Windermere.
Wraith, John Hargreave, Over Darwen, Lancashire.

The following gentleman also on the same day passed his first examination:—

Denton, Frederic George, Hornsea, Hull.

SMALL-POX AT PORTSMOUTH.—The small-pox has made its appearance to a considerable extent amongst the soldiers and sailors at Portsmouth. There are many cases in the hospital.

QUEEN'S COLLEGE, LIVERPOOL.—H. G. Morton, Esq., F.G.S., Honorary Secretary to the Liverpool Geological Society, has been appointed to the Lectureship on Geology and Palæontology; and Rev. R. Grant Brown to that on Arabic.

A NEW MEDICAL CHAIR IN PARIS.—The Minister of Public Instruction has just created at the Collége de France (a Government institution for the gratuitous teaching of the higher branches of science and literature) a chair of the History of Medicine. The course of lectures will commence early in April, and the professor appointed is the eminent philologist Daremberg.

HYDROPHOBIA: LONG INCUBATION.—It is stated in *La France Médicale* of the 9th instant that a master mason jumped out of the window in a fit of rabies, at Mendon, near Paris, broke his leg, and soon afterwards died in fearful convulsions. He had been bitten by his own dog 103 days before, had immediately cauterized the wound, and considered himself safe.

THE LATE FIRE AT THE QUEEN'S COLLEGE, CORK.—The Lord-Lieutenant has called the attention of the Visitors of the Queen's College to the annual report of the President, and requested the Court of Visitors to hold an inquiry into the questions at issue between Sir Robert Kane and Dr. Ballen, relative to the malicious burning of the College. The visitation will be held in Cork after the Easter holidays.

THE EYE INFIRMARY, BRIGHTON.—The committee of this institution have unanimously presented to the widow of the late Thomas Seabrook, Esq., a testimonial of their high approbation of his services as the consulting-surgeon of the institution for a period of twenty-five years.

COMPULSORY VACCINATION.—Mr. R. S. Leete, medical officer of the Newton district, has appealed to the Warrington Board of Guardians for the enforcement of the provisions of the Vaccination Act. Notwithstanding the prevalence of small-pox in the district, several parents have opposed the vaccination of their children. The Board have given directions to the registrar to proceed against the parties so offending.

A FOREARM WRENCHED OFF DURING EFFORTS AT REDUCTION FOR DISLOCATION.—M. Adolphe Guérin related to the Paris Surgical Society, of which he is a member, the following extraordinary case. A woman aged sixty-three was admitted into the St. Louis Hospital for a luxation of the shoulder-joint of three months' standing. On examination, it was found that the humeral head was lying under the coracoid process; and, notwithstanding the long time the dislocation had existed, M. Guérin immediately gave directions for an attempt at reduction. Not having pulleys at hand, mere traction was tried first. Extension was made by a lac, first fixed above the elbow, and afterwards at the wrist. Counter-extension was employed as usual, and four very intelligent and steady pupils were desired to pull gently, steadily, and without jerking. Whilst traction was thus gradually being accomplished, a snapping noise was heard, and the forearm fell to the ground, the operators, rather terrified, being besprinkled with blood from a spouting artery. M. Guérin controlled the vessel immediately, applied a ligature, pared the wound, sawed off the protruding portion of the humerus, covered the wound with a lateral flap formed by the tearing process, and obtained a stump of the usual kind. By examining the forearm lying on the ground, it was found that the severance had taken place at the elbow, and the forearm seemed to have broken off like a dead bough breaks off from a tree. The bones and surrounding parts were soft and friable, and the muscles could be easily unravelled with the finger, like a clot of blood. All the textures, in short—vessels, nerves, muscles, and bone,—were discovered to be unsound, and the radius and ulna were snapped across by the moderate traction which the students had employed. Microscopic examination confirmed these views. M. Guérin considered that the alterations above alluded to were the result of the compression of the brachial plexus during the luxated state of the head of the humerus; and he thought that the practical lesson to be derived from this accident was, that surgeons having to treat luxations of three months' standing will do well to order tractions of a very moderate kind, so as to avoid so unpleasant an issue as the one just described. It seems to us that the *age* of the woman had a good deal to do with the result; nor can it be overlooked that the pulling of four persons at an aged patient's arm was in itself a procedure of some peril.

THE PLYMOUTH PUBLIC DISPENSARY.—At the quarterly meeting of the Committee of the Plymouth Public Dispensary, on the motion of the Rev. J. Yonge, seconded by the Rev. J. Bliss, C. R. Prance, M.D., was elected one of the physicians to the Institution, in the room of Dr. Cookworthy, resigned.

GRATUITY TO A SURGEON.—At a meeting of the Governors of the Torbay Infirmary on Saturday last, a unanimous vote of thanks was passed to Dr. Woodman on his retirement from the duties of house-surgeon, and a purse of ten guineas presented to him, the funds of the institution not allowing them to make a larger grant.

PROPOSED INFIRMARY AT DONCASTER.—The movement for the new institution is proceeding most favourably. The only difficulty connected with it is that of finding an appropriate site; the one already in view being in many respects ill adapted in the essential requisites for an hospital. The best sites are in the possession of Mr. Forman, a gentleman to whom the noble example of Mr. Howard, of Stanley, in his gift of a plot of ground for a similar purpose at Barnsley, might be presented for imitation.

THE KNIFE AND SAW VERSUS CONSTRICTING AND BREAKING.—Two Paris surgeons of reputation, Messrs. Maisonneuve and Chassaignac, seem to have bid adieu to the knife and saw, and taken to constricting of soft parts and snapping of bone. The dread which some patients express at the usual surgical instruments is sometimes very great; but what would they say were they to know all the horrors accompanying the amputation of a limb by first breaking the bone, through the soft parts, by means of a *crusher*, and then dividing these parts with relays of chains and whip-cord! M. Chassaignac has ridden his hobby so far as to perform lithotomy with his chain; and M. Maisonneuve has amputated the thigh by breaking and tearing. All these distressing proceedings are undertaken with a view of preventing hæmorrhage and purulent infection; but, in spite of twisting and snapping, the parts *do* bleed, and patients *do* die after the operations. It is with these methods as with all the theories of medicine which have from time to time been propounded: too much universality is attempted; and exaggeration spoils the good which moderation might have produced. *La France Médicale* (of March 16th) states that M. Maisonneuve removed a tubercular testis by constricting skin and cord to separation. No bleeding ensued. When suppuration had begun, serrefines were used, and the patient did well. We beg nevertheless to say, that constriction of the structures which compose the cord may act injuriously on parts within the abdomen. And we add that when a portion of the frame is removed, a little bleeding does no harm, if there is no special counter indication. The same system, with hemp cord, was adopted for a cancer of the lip: three threads were passed through the base, and the three loops twisted until the tumour fell off. Here, again, no dressings were applied, and healing took place rapidly after suppuration.

PROPOSED NEW LUNATIC ASYLUM AT NORWICH.—The Commissioners of Lunacy having objected to the present building and site, the Town Council of Norwich have resolved upon erecting a new asylum.

TESTIMONIAL TO A SURGEON.—A testimonial, bearing the following inscription, has been presented to Edgar George Pottle, Esq., as a mark of esteem for his valuable services and kind attention to many cases of accidents and injuries which occurred during the progress of the main drainage works at Plaistow:—"Presented to Mr. Edgar G. Pottle by the surgeon, engineer, and managers of the North London Main Drainage, as a token of their high esteem and confidence, also for the satisfactory manner in which he performed the duties of assistant-surgeon to the above works."

DR. DUNCAN MACPHERSON AND THE MADRAS GOVERNMENT.—The Indian press, which has so frequently supported the members of our profession in their just claims on the Government, has recently commented in strong terms on the injustice recently inflicted on Dr. Macpherson. The *Madras Athenæum* thus briefly states the case: "Dr. Macpherson, who was promoted for distinguished services in 1858, proceeded to England on medical certificate in 1862, when he had before him, in the terms of the Royal Warrant of 1860, her Majesty's assurance that his appointment was secured to him until he should attain the age of sixty-five years. While he was absent, the Madras Government, though failing to procure the concurrence of the Governor-General, succeeded in gaining the acquiescence of the Home authorities to the limitation of the services of the Inspector-General to a period of five years. Yet, though they had the power to re-appoint him for a further term of five years, they did not do so, but actually dislodged him before he had completed his short five years' tenure of office. And notwithstanding a stringent dispatch from the Secretary of State Dr. Macpherson remains at present out of employ." In the *Gazette* of the 27th of January we read that "Inspector-General of Hospitals, Dr. Macpherson, is permitted to *reside* and draw his pay in the Mysore Centre, or Southern Division." The public are, therefore, deprived of the experience and knowledge his published works prove him to possess.

VITAL STATISTICS OF THE ROYAL NAVY.—The latest report of the health of the navy, recently issued, is for 1860. That year, the total force of the service is estimated at 64,025 officers and men. Of this number, 938 died, or in the ratio of 14·7 per 1000 of the mean strength. Of these deaths, 712 were from disease, and 226 from violence, chiefly by drowning and falls from aloft, for only 4 were from wounds received in action. The death-rates therefore from disease and from violence respectively were 11·1 and 3·6 in every 1000 men employed; so that of every four deaths in the service, in 1860, one was accidental or violent, and three were the result of disease. Besides the losses by death, 2844 men, or fully thrice the number dead, were invalided or discharged out of the service in consequence either of chronic and inveterate disease or of the results of injuries. What proportion of these men died on shore after their discharge there are no means of determining. That many must have sunk under these maladies may be presumed from the fact that between a third and fourth of the whole were labouring under pulmonary (chiefly phthisical) or cardiac disease, or under the effects of dysentery. The total number lost to the service by death and invaliding during the year was 3782, or rather more than a seventeenth part of the whole force employed. As to the proportion of men constantly off duty from sickness, the average throughout the service, taking one day with another, was 3436, or more than a nineteenth part of the entire force; in other words, the effective strength of the navy was at all times reduced by the aggregate crews of four or five ships of the line. To these facts and figures it may be added that the total number of cases of disease and injury was in the proportion of 1·4 each man in the service; and that the total number of days' sickness, spent either on board ship or in an hospital on shore, was such as to give about twenty days off duty per man in the course of the twelvemonth.

DETECTION OF DANGEROUS LAMP OILS.—At a late meeting of the Association of Medical Officers of Health, on the reading of a paper by Mr. Tegetmeier upon this subject, a discussion arose on the propriety of raising the standard of the Petroleum Act. It was considered that it should be increased from 100° to 125° Fahr., many fatal accidents having occurred from the use of oils of so low an inflaming point as 100°. It was shown in THE LANCET some months since that certain paraffin oils ignited at a temperature much below that which is compatible with safety. In carrying out that suggestion the medical officers of health of the metropolis have performed a duty which was manifestly presented to them. It is lamentable to observe the ignorance which prevails in the public mind on this subject, an ignorance which is attempted to be perpetuated by interested parties. The Report of THE LANCET Sanitary Commission has been assailed, but never successfully controverted. The "inexorable logic of facts" must eventually prevail over the speculations of theorists and the interests of the trade.

EXPERIMENTS IN FRANCE ON THE GREASE OR SORE HEELS OF HORSES.—Jenner says that the cow-pox is the grease of the horse which has been communicated to the teats of the cow by the hands of men having the care of greasy horses. M. Depaul, of Paris, maintains that the aphthæ of the horse's mouth are simply the variola of the horse, which variola, communicated to the cow, has, by Jenner, been called vaccinia. Small-pox is at the bottom of it all, and passes from the horse to the cow, and from the latter to man. Under these circumstances M. Auzias and M. Mathieu have experimented on a large scale upon cows to prove that the grease is not infectious, as sound horses living with greasy horses, but not touching them, did not take the disease. And they proved also (a fact fatal to M. Depaul's theory) that grease and aphthæ are not the same thing, as the grease can be inoculated on aphthous cows.

LONGEVITY IN KENT.—Our obituary of to-day contains the names of thirteen persons who have died in Kent within the last few days—not in any way selected, but which have reached us for insertion in the ordinary manner—and whose united ages amount to 1096 years, the average being within a fraction of 85. The youngest was in his 80th, and the eldest in his 102nd year; while two other persons not resident in the county were of the respective ages of 87 and 91. In each of the two preceding weeks we had to notice the deaths of Kentish centenarians—one having completed his 100th birthday on Christmas-eve, and the other having lived 101 years and 11 months.—*South Eastern Gazette.*

# Obituary.

## R. A. FROGLEY, F.R.C.S.

RALPH ALLEN FROGLEY was born and educated in the town of Hounslow, afterwards the scene of his honourable and successful career. His professional studies were conducted in London, at the Hunterian School in Great Windmill-street, and at St. George's Hospital. He obtained his diploma at the Royal College of Surgeons in the year 1812, and forthwith commenced the active practice of his profession. He was impelled to this step by the complete failure of his father's health, to whose fast-declining practice he succeeded. In the field of usefulness thus open to him he speedily established his own reputation and a very lucrative practice. This he conducted single-handed till the close of the year 1839, when he received his former pupil and assistant, Dr. Emmot (since of Egham), into partnership. He was subsequently associated in practice with Dr. Hall, now of Brighton, a gentleman well known to the profession, and of high repute in that town; and lastly with his worthy successors, Messrs. Bullock and Douglas, who at present successfully carry on the practice. Mr. Frogley was elected a Fellow of the Royal College of Surgeons in the year 1852. He was married to Mary, daughter of the Rev. John Neville Freeman, vicar of Hayes, who survives him, by whom he had no family.

In Mr. Frogley the profession and the public have lost one of the most able of the hard-working surgeons who have devoted their time and energies to practice in a country district—a position in which all the capabilities of the physician and operative surgeon may at any time be called into requisition, while the same individual should possess aptitudes to perform with equal efficiency the minor ministrations of the ordinary family medical attendant. Few have been more fitted by natural attributes to succeed in all these branches of professional practice. Possessed of a pleasing exterior and genial manners, he had no difficulty in becoming a favourite with all classes of his patients. By the nobility and gentry of his neighbourhood he was received on terms of intimacy and friendship, while his professional services were highly appreciated by them.

But it was amongst the poor that his natural benevolence of disposition and kindness of heart found their full scope. To them, as a labour of love, he ungrudgingly gave his skill, his energies, his time, and his money that he might alleviate their sufferings in the time of sickness and danger; and in return they freely accorded to him their gratitude and love. He was endowed with great physical strength and powers of endurance—qualities so essential to the unremitting performance of arduous duties occurring and recurring at all hours of the night and day, and at considerable distances from his home. In addition to his private practice, he officiated for many years as surgeon to the parishes of Heston, Norwood, Southall, Feltham, Hanworth, Bedfont, Crantford, and Harlington.

With great activity of mind and body, Mr. Frogley was gifted with more than ordinary powers of observation—with a sound and cautious judgment which gave him an almost intuitive insight into the difficulties and dangers of the cases brought under his consideration. In the management of the untoward occurrences and complications incident to obstetric practice, where promptness, judgment, and operative skill are all important, Mr. Frogley was acknowledged to be pre-eminent. He was also deservedly in high repute as an operating surgeon. To his skill and efficiency in this branch of practice he principally owed his fame and success in life. The writer has witnessed the dexterous performance by him of all the principal operations of surgery. Amongst these may be mentioned lithotomy, reduction of hernia, ligature of the carotid artery and of the common femoral artery, and various amputations. Two successful cases of amputation for enchondroma of the femur will be found narrated in the "Medico-Chirurgical Transactions," vol. xxiv. In one of these cases the limb was removed immediately below the trochanter minor, the incisions being made so as to admit of disarticulation at the hip joint if found necessary. The limb when removed with the tumour weighed four stone—one-third of the entire weight of the patient before the operation. His reputation as an operating surgeon and as an experienced and skilful obstetrician naturally led to his being consulted in cases of difficulty by many of his brother-practitioners residing in the adjoining villages—a compliment paid only to those in whom great integrity of character is known to be associated with superior talent.

With unswerving resignation to the will of the Almighty he suffered for the last four years of his life from that lingering and debilitating disease, diabetes; to which were latterly added valvular disease of the heart, anasarca, and pulmonary congestion. Under these maladies his strong constitution ultimately succumbed. He departed this life on the 15th instant, aged seventy, in peace with all men. His loss will be deplored by all who knew him well, and his memory will ever be held by them in the highest esteem.

His funeral took place in his native town; and the thronged thoroughfare, the arrest of business, the closed shutters, silently but feelingly showed that his fellow-townsmen were sensible that a great and good man had passed from amongst them.

## MEDICAL VACANCIES.

Abingdon Union (5th District)—Medical Officer.
Bradford Infirmary and Dispensary—Two Resident Medical Officers.
Clerkenwell Parish (Northern District)—Medical Officer.
Sheffield General Infirmary—Assistant to House-Surgeon.
Tower Hamlets Dispensary—Medical Resident.
Wilton Union (Bishopstone District)—Medical Officer.

## MEDICAL APPOINTMENTS.

E. BELLAMY, M.R.C.S.E., has been appointed Surgical Registrar to King's College Hospital, vice W. F. Clarke, M.A., M.B., resigned.

J. M. FRONSHAM, M.D., has been elected Hon. Medical Officer to the Royal Pimlico Dispensary, vice C. W. Hastings, M.B., resigned.

M. H. GRATTAN, L.K.Q.C.P.I., has been appointed Medical Officer for District No. 2 of the Ongar Union, Essex, vice J. W. H. Wade, M.D., resigned.

J. J. HARDESTY, L.R.C.P.E., has been appointed Medical Officer and Public Vaccinator for the Parish of Garvagh, Haddingtonshire.

F. H. HARGOOD, M.R.C.S.E., Assistant Medical Officer to the Lancaster County Asylum at Rainhill, has been appointed Medical Superintendent to the Royal Lunatic Hospital, Liverpool, vice P. Stark, M.D., resigned.

R. HORWOOD, L.R.C.P.Ed., has been appointed Medical Officer for District No. 6 of the Ashton-under-Lyne Union, Lancashire, vice J. Brierley, M.R.C.S.E., deceased.

A. MACINTOSH, M.D., has been elected Medical Officer and Public Vaccinator for the Kirton District of the Boston Union, Lincolnshire, vice P. Maxwell, M.D., resigned.

F. M'NAIR, M.R.C.S.E., has been appointed House-Surgeon to the Surrey Dispensary, Great Dover-street, vice J. E. Kilburn, M.R.C.S.E., resigned.

J. MORLEY, M.R.C.S.E., has been re-appointed Medical Officer for the Barton District of the Glanford Brigg Union, Lincolnshire.

A. MOUCHTON, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for Nos. 6 and 7 or Brenchley and Horsmonden Districts of the Tunbridge Union, Kent, vice E. H. Whittle, deceased.

J. PATERSON, M.D., has been elected Registrar to the Faculty of Physicians and Surgeons, Glasgow.

T. WEBB, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator to the Barton-under-Needwood District of the Burton-on-Trent Union, vice B. Miller, M.R.C.S., resigned.

## MILITARY AND NAVAL MEDICAL APPOINTMENTS.

T. BEAUMONT, M.D., Assist.-Surg. in medical charge of the 1st Regt. Central India Horse, has exchanged with Assist.-Surg. Brodrick, Residency Surg., Indore.

H. C. BRODRICK, M.D., Assist.-Surg. Bengal Service, Residency Surg., Indore, has exchanged with Assist.-Surg. Beaumont, in medical charge of the 1st Regt. Central India Horse.

R. BROWNE, L.R.C.S.I., Surg. 25th Foot, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

J. M. COATES, M.D., has been appointed Civil Assist.-Surgeon of Cuttack, Bengal.

H. N. ELTON, Surg. Bengal Service, having completed twenty years' actual service, has been promoted to Surgeon-Major under the provisions of the Royal Warrant of Jan. 13th, 1860.

W. C. FOWLER, M.D., has been appointed Assist.-Surg. to the 1st Mid-Lothian Rifle Volunteer Corps.

J. GRAYLING, M.D., has been appointed Assist.-Surg. to the 4th Administrative Batt. of the Kent Rifle Volunteers.

Assist.-Surg. HALL, 103rd Foot Bombay, has been attached to the 33rd Regt. for duty, as a temporary measure.

J. W. JOHNSTON, M.D., Deputy Inspector-General of Hospitals and Fleets R.N. Aug. 20th, 1847, has been promoted to Inspector-General of Hospitals and Fleets.

R. G. LONG, M.R.C.S.E., has been appointed Hon. Assist.-Surgeon to the 12th Dorsetshire Rifle Volunteer Corps, vice Collins, resigned.

J. LOUITIT, M.D., has been appointed Surgeon to the Durham Artillery Regt. of Militia, vice Trotter, resigned.

J. M'DONALD, 2nd Class Assist.-Surgeon Madras Service, has attained the position of 1st Class Assist.-Surgeon.

G. MACKAY, M.D., Surgeon Madras Service, having completed twenty years' service in India, has been promoted to Surg.-Major under the provisions of the Royal Warrant of July 13th, 1860.

C. MORTON, L.R.C.S.Ed., Assist.-Surgeon R.N. June 10th, 1854, has been promoted to Surgeon.

H. POTTER, M.D., Assist.-Surgeon Bengal Service, has been appointed to the medical charge of the Bhopawur Political Agency and Malwa Bheel Corps.

W. D. SMYTH, M.D., Assist.-Surg. R.N. June 10th, 1854, has been promoted to Surgeon.

J. STIRLING, M.D., Staff Surg. R.N. June 28th, 1845, has been appointed to the charge of the Naval Hospital at the Cape of Good Hope.

J. N. TERRY, M.R.C.S.E., has been appointed Surg. to the 1st Administrative Brigade of the West Riding of Yorkshire Artillery Volunteers.

C. J. TOMKINS, M.D., has been appointed Hon. Assist.-Surg. to the 2nd Tower Hamlets Rifle Volunteer Corps.

Surg.-Major VAUGHAN, Bombay Service, has been permitted to retire on the pension of £250 per annum.

W. G. WATT, M.R.C.S.E., Surg. 15th Hussars, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

D. WYLLIE, M.D., Surg. Bombay Service, has been promoted to Surg.-Major.

# Births, Marriages, and Deaths.

## BIRTHS.

On the 11th inst., at St. Germain-street, Catrine, the wife of T. Watson, Surg., of a daughter.

On the 13th inst., at Denny-street, Tralee, the wife of Dr. R. Fitzmaurice, of a son.

On the 13th inst., at Victoria-place, Belfast, the wife of Dr. Black, prematurely of a daughter, still-born.

On the 14th inst., at Hill-street, Newry, the wife of S. Connor, L.R.C.S.Ed., of a daughter.

On the 15th inst., at High-street, Ayr, the wife of Dr. Burns, of a daughter.

On the 16th inst., at Clough Cottage, Shaw, Lancashire, the wife of J. Leach, M.D., of a daughter.

On the 16th inst., at Dorset-terrace, Clapham-road, the wife of J. Shea, M.D., of a daughter, still-born.

On the 17th inst., at Hamilton-square, Birkenhead, the wife of J. Craigie, M.D., of a son.

On the 19th inst., at Tavistock-square, the wife of F. Willis, M.B., of a son.

On the 21st inst., at Aycliffe, near Darlington, the wife of W. Autey, M.R.C.S. Eng., of a daughter.

## MARRIAGES.

On the 17th inst., at Hooton Church, Staffordshire, G. C. Holt, L.F.P.&S. Glas., of Tunstall, to Lilla, daughter of the late T. Crompton, Esq., of Didsbury Grange, Lancashire, and Dunwood House, Staffordshire.

On the 19th inst., at St. James's, Piccadilly, Edward J. Stone, Esq., of Newcross, to Charlotte, youngest daughter of J. F. Clarke, Esq., of Gerrard-street, Soho.—No Cards.

## DEATHS.

On the 20th inst., J. Hamilton, L.R.C.S.Ed., of Dungannon, Co. Tyrone.

On the 14th inst., W. Quinton, M.R.C.S.E., of Cannock, Staffordshire, aged 69.

On the 15th inst., at Beulah Lodge, Helensburgh, Dr. J. Rankine, late of Blackwood, South Australia, aged 61.

On the 16th inst., Dr. T. Brady, of Upper Temple-street, Dublin, aged 62.

On the 17th inst., at Cheltenham, T. Mackenzie, C.B., late Inspector-General of Hospitals, Bombay.

On the 17th inst., at Mile end-road, J. Sykes, M.R.C.S.E., aged 42.

On the 18th inst., at Gibson-square, Islington, G. King, Inspector-General of Hospitals and Fleets R.N., aged 73.

On the 19th inst., at Caroline-street, Bedford-square, Mary Anne, the wife of Henry Smith, F.R.C.S.E., aged 36.

# Medical Diary of the Week.

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| MONDAY, MARCH 28 ... | ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.<br>METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.<br>MEDICAL SOCIETY OF LONDON. — 8½ P.M. Dr. E. Symes Thompson, "On Indigestion in Early Phthisis." |
| TUESDAY, MARCH 29... | GUY'S HOSPITAL.—Operations, 1½ P.M.<br>WESTMINSTER HOSPITAL.—Operations, 2 P.M.<br>ST. MARY'S HOSPITAL MEDICAL SCHOOL.—3 P.M. Dr. Grailly Hewitt's Clinical Conferences in Midwifery. |
| WEDNESDAY, MAR. 30 | MIDDLESEX HOSPITAL.—Operations, 1 P.M.<br>ST. MARY'S HOSPITAL.—Operations, 1 P.M.<br>UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.<br>CHEMICAL SOCIETY.—8 P.M. Anniversary. |
| THURSDAY, MARCH 31 | ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.<br>CENTRAL LONDON OPHTHALMIC HOSPITAL — Operations, 1 P.M.<br>LONDON HOSPITAL.—Operations, 1½ P.M.<br>GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.<br>LONDON SURGICAL HOME.—Operations, 2 P.M.<br>WEST LONDON HOSPITAL.—Operations, 2 P.M.<br>ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M. |
| FRIDAY, APRIL 1..... | WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M. |
| SATURDAY, APRIL 2 ... | ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.<br>LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.<br>ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.<br>KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.<br>ROYAL FREE HOSPITAL.—Operations, 1½ P.M.<br>CHARING-CROSS HOSPITAL.—Operations, 2 P.M. |


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# To Correspondents.

*M.R.C.S.E.*—1. The Franco-German tobacco from Alsace contains the least nicotine.—2. The best Turkish tobacco is rather strong, and contains much nicotine. The inferior Turkish and Syrian tobaccos contain less.—3. The use of a long-stemmed pipe-tube lessens the amount of noxious property inhaled; but the use of any form of hookah, by passing the smoke through water, is the way to deprive the smoke of the largest amount of deleterious matters.

*Mr. Chas. Williams.*—The reports shall appear in our next impression.

### HYDROCHLORATE OF AMMONIA IN TIC DOULOUREUX.

*To the Editor of* THE LANCET.

SIR,—I found hydrochlorate of ammonia, in half-drachm doses, cure a most severe and obstinate case of tic douloureux, which afflicted the storekeeper of this ship for several months (over twelve). Every kind of treatment had been adopted, but with no good result. When I saw him he told me he had not had a night's rest for weeks. I prescribed the hydrochlorate of ammonia, as recommended in THE LANCET, and with most successful results. He took sixteen doses, and since then (middle of last November) has had no relapse. I need not speak of the poor fellow's thankfulness.

I am, Sir, yours faithfully,
RICHARD J. WHITE, Surgeon.

R.M.S. *Magdalena*, Southampton, March, 1864.

*G. G.*—Our correspondent seems to have tried everything that is in ordinary use, and such agents are generally most valuable. He should remember diuretics are amongst the most contingent weapons of the materia medica, and the old remedy of a glass of gin-and water will occasionally do that which the most elaborate medication fails to accomplish. We lately saw vaunted in some periodical the diuretic properties of the seeds of the Clematis vitalba, a plant which is abundant in many of our hedgerows.

*Mr. Hamilton* (Tavistock) will perceive that we have fully treated in the present number of THE LANCET the subject to which his letter refers.

### MEDICAL EDUCATION: COUNTRY HOSPITALS.

*To the Editor of* THE LANCET.

SIR,—Give me space in your pages that I may speak once again of "country hospitals and medical education." You will recollect that in my letter of February 27th I endeavoured to show the evils resulting from the want of teaching preliminary to that in our London schools. I suggested as a remedy that instruction should be permitted at country hospitals; that two years at these institutions should be equivalent to the first year of the London course. The gist of my former letter lies in this sentence. Give parents the choice between sending their sons for the first of the prescribed four years into the town or country. I wish for no compulsion. I beg only for the choice. If any one of your readers have a son just entering the profession, let him be able to ask himself—Is it advisable to plunge my boy directly into the temptations of a vast city, and into the difficulties of hospital study? or shall I send him for a couple of years to a country infirmary, and after that let him enter in town?

The boys who most require preliminary country teaching are the unsteady ones—those who have given their parents considerable trouble in early life, who have never been noted for their application at school, and who when loosed from the restraint of maternal apron-strings and pedagogic rods, run away very fast indeed. These are not the fellows to gain, at London hospitals, dresserships which are to be obtained only by competitive examination. They are therefore shut out from the practical part of surgery, and not being able to acquire manual dexterity by book cramming, they discover themselves at the close of their medical studies but useless appendages to a learned profession.

A student spending two years at a country infirmary would dress during the whole of that time. His first essay would be under the eye of the house-surgeon, his efforts would be directed, his mistakes rectified, and he would not be allowed to experiment upon unfortunate patients. But the limits of this letter will not permit me to enlarge upon these advantages.

I would ask, in conclusion, are country hospitals to be useless in an educational point of view? Are useful cases supposed to be concentrated in our metropolis? Surely we are not to imagine that England's capital can absorb all English sick! I find from calculation that the unrecognised general hospitals of England contain conjointly no less than 7550 beds; that of these hospitals, four contain each upwards of 200; five, upwards of 150; and as many as twenty-five contain 100 beds. Sir, it cannot be right that these institutions should be of no service in giving experience to our professional youth. It cannot be just that this waste of the materials for practical instruction should occur. My proposal must at least be worthy of consideration. Let it be thoroughly tested, its merits and demerits sifted the one from the other, and accurately weighed in the scale of judgment, and then let the result decide.

I am, Sir, yours, &c.,
March, 1864. A WELL-WISHER.

*Mr. Charles Hawkins'* communication on the "Medico-Chirurgical and Pathological Societies" arrived too late for insertion in our present number. It shall appear in our next.

*A Subscriber to* THE LANCET.—At the Lying-in Hospital, York-road, Lambeth, or at the Lying-in Hospital, Dublin.

*L.R.C.P.*—He can do so by courtesy, and probably by law.

### TREATMENT OF ASCARIDES.

*To the Editor of* THE LANCET.

SIR,—In reply to the inquiry of "Medicus," in your journal of March 12th, as to the treatment of ascarides, permit me to suggest to him the two following simple but unfailing remedies:—An injection of three or four ounces of strong infusion of quassia, or a similar quantity of liquor calcis. Either will overcome the most obstinate case after two or at the utmost three repetitions. A small injection of cold water, to which a few drops of ether and spirit have been added, is a favourite mode of treatment in Continental practice.

I am, Sir, yours obediently,
Margate, March, 1864. WILLIAM PRICE, M.D.

*To the Editor of* THE LANCET.

SIR,—In answer to "Medicus," who asks for a remedy for ascarides, I beg to recommend to him suppositories of the ointment of nitrate of mercury, which has always answered my expectations.

I am, Sir, yours faithfully,
Darlington, March, 1864. WM. EASLY, Jun.

*To the Editor of* THE LANCET.

SIR,—In reply to your correspondent, "Medicus," seeking information as to a remedy for the expulsion of ascarides, I beg to suggest the following treatment, which, when steadily persevered in, I have never found to fail:—Decoction of aloes, half an ounce, to be taken once a week in the morning fasting; and infusion of quassia, three ounces, every morning before breakfast, except when the aloes is taken. In the event of the above proving inert, I should be much disposed to try the injection of tobacco-smoke, an effectual remedy for their dislodgment in the horse.

Yours obediently,
Narberth, March, 1864. MAURICE G. EVANS, M.D.

*To the Editor of* THE LANCET.

SIR,—If "Medicus" will try a solution of common salt in infusion of quassia (chloride of sodium, one ounce; infusion of quassia, one pint) as an injection, I think he will find it very useful, supposing the worms to be located in the large intestines; otherwise one of the new vermifuge remedies in which the British Pharmacopœia is so prolific would, probably, be beneficial—kousso, male fern, kamela, santonine, &c., of which I think that kamela, in half-drachm or drachm doses is the most efficacious.

I am, Sir, your obedient servant,
Stockton-on-Tees, March, 1864. CHETHON.

*M.R.C.S.*, 1861.—1. He may place confidence in those whose names appear in the advertising pages of THE LANCET.—2. An application to either of these gentlemen will meet with attention.

*Disappointment.*—The probability is that the drug is not pure. Glycerine, to be of any use as an external application, must be of the best description. Try such, and the result in the particular case will be, we think, beneficial.

### MEDICAL EDUCATION.

*To the Editor of* THE LANCET.

SIR,—In reading the valuable communications in your columns from the leading London teachers on the subject of Medical Education, my thoughts were carried back to my *alma mater* at Aberdeen, and I put the question to myself, how far the improvements suggested by these eminent masters are applicable to the state of matters there.

It is not my intention, however, to discuss the merits of the proposed improvements in the medical department of the Scottish Universities. These and other matters I may safely leave to our distinguished professors and the members of the Medical Council. I wish merely to direct the attention of my townsmen and fellow-graduates to an objectionable practice pursued there. I refer to the system of apprenticeships. No sooner does a new medical student arrive in our granite city than he is pounced upon by some parties, booked, indentured, and ticketed as an apprentice. The direct, oblique, and cross canvass is carried out with consummate skill, and the pressure in some instances is so great that, unless the recruit happened to be emphatically forewarned by some friend or medical adviser not to allow himself to be hooked, his chances of escape are small indeed.

It is almost incredible that no sooner are students indentured than they find out that they get no value for their money. A few lessons on bones &c., (a mere apology for teaching,) is all they get for thirty guineas. Then the grumbling and dissatisfaction commences, and the degree of scandal to which it gives rise is absolutely sickening.

Whether it is to be ascribed to the superlative skill of those who traffic in this line, or to the influence of some natural law, I leave it to our northern philosophers to determine; but certain it is that, notwithstanding the general condemnation of the system, there is still a fresh crop of green horns gathered in every session.

From personal knowledge of the cases of fellow-students *taken in* as apprentices, whose friends could ill afford to sustain the loss, I have long thought of addressing a few lines to THE LANCET on the subject; but having been away from my native town for some time, I should feel obliged if any of your readers could inform me whether any or what steps have been taken by the medical faculty or by the Medico-Chirurgical Society there to protect students from the effects of this practice.

I think it high time that in the year of grace 1864 we should hear no more of such transactions in a University town, that has so high a standing for science, skill, and sterling honesty.

I am, Sir, your obedient servant,

Cavendish-square, March, 1864. AN ABERDEEN GRADUATE.

*Labor Vincit Omnia.*—Liebig's aphorism should be remembered: "Ammonia, when used as a manure alone, and when there is a want of *mineral* constituents in the soil, is, like the spirits which the labourer takes in order to increase his labour-power, an imagination." Like that stimulant, its action in the former case is followed by a corresponding degree of exhaustion.

### MEDICAL PROVIDENT ASSOCIATION.

*To the Editor of* THE LANCET.

SIR,—Do you think the following suggestion worthy a place in your columns?—

That towards making a foundation for so much-needed an Association, every gentleman on passing his examination should deposit half a sovereign, which may be considered as entrance money, after which he may or not, as he pleases, become a member of the Society; a similar fee being, of course, required from all who desire to become associates. The subsequent subscriptions would be regulated in proportion to the age of the entering member, being less from those who are young, and increasing by a proper scale according to the time of life of the individual. It would also necessarily vary with the amount of sick pay received during temporary illness, and the permanent relief granted in cases of paralysis, loss of sight, &c. &c., when a member would be entirely disabled from following his professional calling.

I feel sure something of this kind is much needed. To the young man the demand upon his purse would not be very considerable, and at any rate it would be a comfortable reflection to feel that one is to a certain extent provided for when overtaken by accident or disease.

I am, Sir, your obedient servant,

March, 1864. ANOTHER WELL-WISHER TO THE FUND.

*One Puzzled.*—Is there not some source of fallacy present which has escaped the notice of our correspondent? Some late experiments of Professor Campani should be borne in mind. These have led their promoter to assume that urea may be generated by the decomposition of aqueous hydrocyanic acid.

### "PERMANENTLY DISABLED."

*To the Editor of* THE LANCET.

SIR,—Perhaps some of the readers of your valuable journal will inform me what is generally understood by the term "permanently disabled" in a medical and legal point of view. With reference to medical certificates or medical evidence, when this term is frequently made use of, does it imply "that the disability of the patient is of such a nature as to render him or her (as the case may be) incapable of permanently obtaining his livelihood"? Or does it imply "that the character of the case is such which must remain permanent for life, independent of earnings"? For instance, an agricultural labourer has had one thigh amputated in consequence of accident, his health being as good as ever it was. Is he permanently or temporarily disabled? A case of such a kind has lately come to my notice, when, on being requested to give evidence before a bench of magistrates, a dispute arose amongst some of the bench, doubting the veracity of my statement as to his being "permanently disabled;" the view taken of the term by myself being, that the disability is of such a nature which must remain permanent for life, independent of earnings in any way whatever.

Yours obediently,

Ottery St. Mary, March, 1864. WALKER EDWARDS, M.R.C.S.

*O. O.*—Dr. Bootl died last December. He was formerly connected with the Webb-street School of Medicine as lecturer on Botany and Materia Medica. Botany continued to be his favourite study. An interesting obituary notice of Dr. Bootl will be found in THE LANCET of January 23rd, 1864, p. 113.

### MEDICAL REGISTRATION.

*To the Editor of* THE LANCET.

SIR,—Your remarks on medical registration are well worthy of attention. The following hints may not be misplaced:—

The registration fee is £5, and it is considered a most exorbitant one, being above, I believe, what is charged for registration either in the Law or Church. Therefore young surgeons and physicians in private practice (who have seldom much spare cash) will not register unless forced to do so by looking for some public appointment. As to obtaining fees by legal means, the question is hardly ever asked as to whether the practitioner is registered or not.

While troubling you with the above, I may as well ask the meaning of a certain abuse connected with several medical and surgical appointments. It is this, that the appointment *cannot* be obtained without the L.S.A. of London, irrespective of other qualifications. Most well educated surgeons and physicians of late years have not served a five years' apprenticeship, therefore cannot obtain this everlasting L.S.A. Why will a medical degree from a University or a College of Physicians not do as well, or better?

I remain, Sir, yours truly,

March, 1864. C. J.

*A Practical Dyer.*—Professor Hofmann has just discovered a beautiful colour, produced from iodine. The tint may be made of a violet, blue violet, or red violet tint as desired. The process consists in mixing rosaniline with the iodides of ethyl, methyl, or amyl.

### SARRACENIA PURPUREA IN SMALL-POX.

*To the Editor of* THE LANCET.

SIR,—The cases of small-pox treated with sarracenia purpurea by Dr. Grant appear to be very typical examples of that disease in previously vaccinated subjects.

I have recently attended several of these, and invariably found that the eruption, after pursuing its usual course up to the fifth day, gradually declined and disappeared, without secondary fever or bad symptom of any kind. Very simple treatment was followed by the happiest results, and I see no reason to believe that the much vaunted Indian remedy had anything to do with the successful termination of Dr. Grant's cases.

I am, Sir, your obedient servant,

March, 1864. AN ARMY ASSISTANT-SURGEON.

*Scrutator.*—The recent investigations of Dr. James Watson into the action of veratrum viride would not appear to bear out the views of the American physicians concerning it.

*Careful.*—Cannabis indica may be commenced with in quarter-grain doses.

### HANDBOOKS ON THE NEW PHARMACOPŒIA.

*To the Editor of* THE LANCET.

SIR,—As various individuals will no doubt be preparing handbooks of the new Pharmacopœia, will you give me leave to express a hope that, in the number, we may meet with one in the manner and form of Phillips' translation of the London Pharmacopœia of 1851. That was one of the best books of the kind ever published, with enough in it to satisfy the wants of the pharmaceutist, as well as of the student preparing for his examinations at the Hall or elsewhere, and of the medical practitioner who required an easy and safe book of reference. The new work need not be so rich in crystallography, which, with a smaller type and a little condensation in the material otherwise, would lessen the bulk of the volume, and render it more handy, as well as cheaper, to all requiring to consult it.

I remain, Sir, yours truly,

March, 1864. MEDICUS.

### CHLOROFORM IN CROUP.

*To the Editor of* THE LANCET.

SIR,—As the treatment of croup and other affections of the air-tubes has too often been unsuccessful by the most appropriate means, antiphlogistic or antispasmodic, has any of your readers ever tried the anæsthetic effects of chloroform in some of the above diseases? I would only recommend it as an auxiliary to other remedies, observing carefully the action of the chloroform, and to use it only on patients free from other disease. Perhaps some of your readers would give an opinion.

Yours respectfully,

March, 1864. M.A.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Hancock; Mr. Chas. Hawkins; Dr. Pidduck; Mr. Beckingham; Mr. Chester; Mr. J. Jackson, Washington; Mr. J. S. Beveridge, Nottingham; Dr. Morgan, Carnarvon; Mr. A. Harmer; Mr. Jones, (with enclosure;) Dr. Barclay, Banff; Dr. Smith, Wolverhampton, (with enclosure;) Mr. Gidding; Dr. Harvey; Mr. Edis, (with enclosure;) Dr. Beales, Congleton; Dr. Kingston, Dublin; Dr. Woodhouse, Hertford; Dr. Barker; Mr. Rose; Mr. Davies, Longton; Mr. Hatton, Biddulph; Dr. Wade, Birmingham; Mr. Hamilton; Mr. P. M. Carson, Liverpool; Dr. Palmer; Mr. Stockwell, Musselburgh; Mr. Griffin, Weymouth; Mr. Halliday, (with enclosure;) Mr. Bellamy; Dr. Williams, Norwich; Dr. Macloughlin; Mr. Hamerton, Elland, (with enclosure;) Mr. Hartley; M. de la Cour; Mr. Irvine, Liverpool; Dr. Trull, New Brighton; Mr. Curgenven; Prof. Maclean; Mr. Prowse, Amersham, (with enclosure;) Mr. H. Leach; Dr. Gore, Limerick; Mr. Philpot, Sydney; Mr. Byrne, Falmouth; Mr. Davies, Oswestry, (with enclosure;) Mr. Smart; Mr. J. Stead, Manchester; Mr. Autey; Mr. Monckton; Dr. G. Robinson; Mr. Harrison; Mr. Ling; Dr. Atkinson; Mr. Jennings, Ulverstone, (with enclosure;) Mr. Challenor, Abingdon; Mr. R. H. Mosen, Thornbury, (with enclosure;) Mr. Gamble; Messrs. Coates and Blackmore, Salisbury; An Assistant-Surgeon; Sigma; Medicus; Royal College of Physicians; University of London; One of them; A Poor-law Surgeon; A. B., (with enclosure;) L.R.C.P.; A Country Doctor; One who has Suffered; &c. &c.